PROFIT CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS							
1. °	Corporation		# J8498 Casting, Inc.	8	(1)						
Principal Place of Business Mailing Address 2065 CANTU COURT SARASOTA FL 34232 SARASOTA FL 34232 SARASOTA FL 34232											
2. F	Principal Pla	ace of Business		2a.	. Mailing Address			3. Date Incorporated or Qualified 07/30/1987 4. FEI Number		of Last F 5/01/19	95
21	Suite, Apt. #	# elc		26		·		65-0004505			Applied For Not Applicable
22				27	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required
23	City & State			28	City & State			Election Campaign Financing Trust Fund Contribution			00 May Be
24 24	.ip	25	25 29 30			untry	8. This corporation has liability for Florida Statutes	s 🔲 No	x under s		
		9, Name an	d Address of Curren	it Regis	tered Agent		81 Name	10. Name and Address of New	Registered	Agent	
SAWYER, DANFORD L JR 2065 CANTU COURT							82 Street Address (P.O. Box Number is Not Acceptable)				
	SARASO	OTA FL 34232	·3254				83				
					1		84 City		FL		p Code
SIGN	VATURE	Signature, typical or pri	in, in the State of Floring on the obligations of Section of the obligation of the obligation of the obligation of Floring Ania OFFICERS ANI	ino tiré l'a	PTORS (Ne	55.	corporation's boa	oration submits this statement for the purant of directors. I hereby accept the application of directors and the purpose of when reliabilities and the purpose of when reliabilities and the purpose of t	DATE.		
			DANFORD L., JR. ITU COURT A FL		☐ DELETE					Change	DRS IN 12
	T ADDRESS ST-21P		Robert A. Tu court A Fl.		DELETE	2 1 T 2 2 N 2 3 ST	TILE		С	Change	Addition
	T ADORESS ST-ZIP		RUTHANNE TU COURT A FL		[] DELETE	3 1 Ti 3 2 M/ 3 3 S	ITLE		С] Change	Addition
	T ADDRESS ST-ZIP				☐ DELE1E					Change	Addition
TITLE NAME STREET CITY-S	1 ADDRESS			** 8941 Mahada	□ DELETE	5 N/II 52 N/ 53 S1	ITLE] Change	Addition
CITY-S	T ADDRESS ST-ZIP				C) DELETE	6 1 TH 6 2 NA 6 3 ST	ITLE AME REFT ADDRESS TY-ST-7IP		_	Change	Addition
a	oath; that I	am an officer or Block 12 or Block		iation or on an att	the receiver or truste inchment/with an addition	iuai report is se empower fress.	s true and accura red to execute thi	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, FI	same lega! e orida Statute	effect as if s: and tha	made under at my name