FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05392** **(0)**

1. Corporate Name
POLYMER CASTING, INC.

Principal Place of Business
15835 BROTHERS CT.
FT. MYERS FL 33912
US

Mailing Address
15835 BROTHERS CT.
FT. MYERS FL 33912
US

3. Date Incorporated or Qualified: **07/25/1989**
3a. Date of Last Report: **01/20/1995**

4. FEI Number: **65-0137053** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business
21
Suite Apt. #
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite Apt. #
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
HILL, RONALD T
15835 BROTHERS CT
STE 401
FT MYERS FL 33912

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Section 607.0501(3) or 617.0501(3), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the Corporation's Board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0501(3), Florida Statutes.

Signature of Registered Agent (Signature required only if registered agent is changed) Date

12. OFFICERS AND DIRECTORS

PD
HILL, WARREN H.
5225 SW 8 CT
CAPE CORAL FL
[ ] DELETE

VD
HILL, RONALD T
5325 SW 9TH PL
CAPE CORAL FL
[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [ ] Change [ ] Add
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
2.1 TITLE [ ] Change [ ] Add
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
3.1 TITLE [ ] Change [ ] Add
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
4.1 TITLE [ ] Change [ ] Add
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
5.1 TITLE [ ] Change [ ] Add
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
6.1 TITLE [ ] Change [ ] Add
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in B1 or B2 or B3 or B4 or 12.1 or 12.2 or 12.3 or 12.4 or 12.5 or 12.6 or 13.1 or 13.2 or 13.3 or 13.4 or 13.5 or 13.6 or attached with an asterisk.

SIGNATURE: W. H. HILL 2-13-96 941-482-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)