FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M93895

(4)

CUSTOM CASTING INC.

FILED								
Feb 02 1998 8:00am								
Secretary of State								

Principal Plac	ce of Business	Mailing A	ddress				ALON BLAN BIBN BIBN BIBN BIBN	1891
2455 E. SUN	IRISE BLVD.	2455 E. (2455 E. SUNRISE BLVD.					
ARCADE 3	FROM F. FL. 00004		ARCADE 3					
FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33				304				
						3. Date Incorporated or Qualified 07/28/1988		
	Place of Business	2a. Mailing	g Address			4. FEI Number	Applied	For
21	#		26			65-0078981	Not App	
Suite, Apt.	#, etc.	27 Suite, /	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition	
City & State		City &	City & State			6. Election Campaign Financing	\$5.00 May I	Bo
23		28	28			Trust Fund Contribution	Added to Fee	
Zip	Country	Zip		Country	,	8. This corporation owes or has paid	the current year Intangib	le
24	25	29		0		Personal Property Tax due June 3		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
	OOKE, JOHN			81	Name			
1	55 E. SUNRISE BLVD. ICADE 3			82	Street Add	ress (P.O. Box Number is Not Acceptable))	
	RT LAUDERDALE FL 33304			83			· · · · · · · · · · · · · · · · · · ·	
				84	City	· · · · · · · · · · · · · · · · · · ·	FL 85 Zip Code	
11 Purcuant	to the provisions of Sections SO7 OF	22 and 607 1600	Clarida Ctatutas	the electric		and in a barie this state and for the	FL	· ·
office or r	egistered agent, or both, in the State	of Florida. Such	n change was aut	, the above thorized by	the corporal	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registrate appointment as registrate.	sterea :erea
	m familiar with, and accept the oblig	ations of, Section	n 607.0505, Flori	da Statutes	3.			
SIGNATURE	Signature, typed or printed name of registered ag	got and life of applican	la (NOTE) E	Doninlared Ass	et cleneture convi	red when reinstating)	DATE	
12.		ID DIRECTORS	io. (19012.1	13.	ur signature redui	ADDITIONS/CHANGES TO OFFICE		12
TITLE	PST		DELETE	1.1 TITLE		, 10011101107011111111111111111111111111		Addition
NAME	Brooke, John M			1,2 NAME				
STREET ADDRESS	2455 E. SUNRISE BLVD., AR	CADE #3		1.3 STREET	ADDRESS			
CITY - ST - ZIP	FORT LAUDERDALE FL 3330)4		1.4 CITY - S				
TITLE			☐ DELETE	2.1 TITLE) - EII		Change A	Addition
NAME				2.2 NAME	1			
STREET ADDRESS				2,3 STREET	ADDRESS			i
CITY - ST - ZIP				2. 4 CITY - S	- 1	:		
TITLE			DELETE	3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ A	Addition
NAME				3.2 NAME		1	_ ,	ĺ
STREET ADDRESS				3.3 STREET	ADDRESS	i I		
CITY-ST-ZIP				3.4. CITY-S	T-ZIP	İ		
TITLE			DELETE	4.1 TITLE			Change A	Addition
NAME				4. 2 NAME	ł		•	
STREET ADDRESS				4.3 STREET	ADDRESS	!		ł
CITY-ST-ZIP				4.4 CITY - ST	I-ZIP	:		I
TITLE	A03.0		DELETE	5.1 TITLE			Change A	Addition
NAME				5.2 NAME			_ • -	
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY - ST				
TITLE		,	☐ DELETE	6.1 TITLE			☐ Change ☐ A	ddition
NAME		·		6.2 NAME				- 1
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST	1	i		- 1
4.4 1.1					440	0 1 110 07(0)(0) 71 1 0		

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

TEBEL PETON BROKE

1-26-98

(954)561-2325