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FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90074 008 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000010685

1. Corporation Name
CASTING CO., INC.



Principal Place of Business

Mailing Address

201 NW 1ST AVE
BOCA RATON FL 33432
US

201 NW 1ST AVENUE
BOCA RATON FL 33432
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1993

4. FEI Number

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **7786 COURTYARD**

26 **7786 COURTYARD RUN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **RUN W**

27 **WEST**

City & State

City & State

23 **BOCA RATON FL**

28 **BOCA RATON FL**

Zip

Country

Zip

Country

24 **33433**

25 **PALM BEACH**

29 **33433**

30 **PALM BEACH**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KROLL, SCOTT
7786 COURTYARD RUN WEST
BOCA RATON FL 33433

81 Name **ALFRED A KROLL**

82 Street Address (P.O. Box Number is Not Acceptable)
7786 COURTYARD RUN W

83

84 City **BOCA RATON**

FL

85 Zip Code
33433

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Alfred A Kroll** **ALFRED A KROLL PRES** **3/11/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **KROLL, ALFRED A**
STREET ADDRESS **7786 COURTYARD RUN WEST**
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DVPT** ☐ DELETE
NAME **KROLL, SCOTT**
STREET ADDRESS **7786 COURTYARD RUN WEST**
CITY-ST-ZIP **BOCA RATON FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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, with all other like empowered.

SIGNATURE: **Alfred A Kroll**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99 **561-395-7345**
Date Daytime Phone #

CR2E034 (1/98)