FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _X



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 ' DIVISION OF CORPORATIONS								
DOCUM 1. Corporation N	MENT # P9300	0051313 (3)					
AMERICAN CASTING CORP.						- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			,					
Principal Place of Business Mailing Address								
C/O DONALD			5202 FOX POINTE CIRCLE DELRAY BEACH FL 33445					
5202 FOX POINTE CIR DELRAY BEACH FL 33445 US					3. Date Incorporated or Qualified	3a. Date of Last Report		
					07/22/1993	03/14		
2. Principal Plac	pe of Business	2a. Mailing Address			4. FL1 Number 22-3242138		Applied For Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 I T	B.75 Additional	
22		27			6. Election Campaign Financing		Fee Required	
City & State		City & State				Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No		
24	9. Name and Address of Curre	29	30			Florida Statutes		
	9. Name and Address of Curre	ent negistered Agent	<u></u>	81	Name			
SPEISMAN, DONALD			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
5202 FO)	(POINTE CIRCLE			B3		A*A****		
DELRAY, I	BEACH FL 33445			1.1			8	5 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				84	City		┝┡	
familiar with SIGNATURE _	h, and accept the obligations of, Sp	ction 607.0505, Fiorida Statute	us. Note Registes	.iLAg⊬n		ration submission is statement for the point of directors. Thereby accept the appearance terms	3/c	ECTORS IN 12
12.		ND DIRECTORS	13.	TITLE	T	ADDITIONS/CHANGES TO OF	FICERS AND DIR	
TITLE NAME	D PERSONAN DONALD	SPEISMAN, DONALD		1.2 NAME				
STREET ADDRESS	5202 FOX POINTE CIRCLE		1.3 8	1,3 STREET ADDRESS				
CITY - ST - ZIP	DELRAY BEACH FL 33445			1.4 CITY+S1-ZIP 2 1 TITLE			ПС	hange
THE				NAME			<u>.</u>	
NAME STREET ADDRESS					AQORESS.			
CHY-ST-ZIP				2.4 CITY-ST-2IP				hange [] Addition
TIFLE		☐ DEFETE	DECETE 3 1 TITLE 3 2 NAME			υ·	mange radinon	
NAME STREET ADDRESS					ADDRESS			
CITY - ST- ZIP		3.4 C(TY-ST-7)		T-Z-P		П.С	hange Addition	
TITLE	☐ DELÉTE			4 1 TITLE			[] ₍	hange
NAME STREET ADDRESS				NAME STREET	ADDRESS			
CITY-ST-ZIP			1		I - ZIP			
1IILF		☐ DELETE	5 1 3111					Change
NAME				NAME orners	ADDRESS			
STREET ADDRESS CITY-ST ZIP				CITY-S				
TILE		DELETE		6 1 IIILE		0000017484學 份 。 -03/19/9601025005	hange 🔲 Addition	
NAME				62 NAME		-03/19/9601025005		
STREET ADDRESS			- 1	6.3 STREET ADDRES 6.4 CHY-S1-ZIP		***200.00		
CITY-ST-ZIP	w cortify that the information supplie	ed with this filing is voluntarily fu	works and some	d doo	a not avalis	for the exemption stated in Section 11	19.07(3)(k), Florida	Statutes. I further
certify that	t the information indicated on this ar I am an officer or director of the con Block 12 or Block 13 if changed, o	nnual report or supplemental a rooration or the receiver or trus	nnuai repor stee empow	t is tre vered	ie and accu to execute t	rate and that my signature shall have the strength of the first report as required by Chapter 607,	ie same legal effe Florida Statutes;	and that my name