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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. M@tham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000025520 (2)

PALM BEACH CASTING, INC.

FILED May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					t teamen til tettt teen adut setti ekin sens sten ellet ätte met ant sakt		
1109 SOUTH CONGRESS AVENUE 1109 SOUTH CONGRESS AVENUE WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406							
THEN THEN PENNITE WITH THE TENT OF THE CONTROL					DO NOT WRITE IN THIS SPACE		
							3. Date incorporated or Qualified
9 Principal D	None of Divisions	- T	Mailing Addense				03/17/1997 4. FEI Number Applied For
2. Principal Place of Business 21			2a, Mailing Address				4. FEI Number Applied For Not Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				SR 75 Additional
22		27				٠.	5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23			28				Trust Fund Contribution Added to Fees
Zip Country		<u> </u>	Zφ Country			f	8. This corporation owes or has paid the current year Inlancible
24	25 g. Name and Address of Currer	29 of Begiste	ered Agent	30	T		Personal Property Tax due June 30. Yes You No 10. Name and Address of New Registered Agent
VE	END, JOHN M	it mograti	orco Agont		81	Name	IO. Harrie and Address of Heat registeres Agent
	09 SOUTH CONGRESS AVENUE	=			-		(0.0 p. 14)
WEST PALM BEACH FL 33406					62	Street Addre	ess (P.O. Box Number is Not Acceptable)
					83		
	45				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporate						gration submits this statement for the number 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							
	Signature: Typed or ported name of registered ag-				d Age	nt signature require	ed when reinstating) DATE
12.	OFFICERS AN	D DIREC	TORS DELETE	13.	TI P		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	YEEND, JOHN M		□ occeie	1.1 TI 1.2 N/			E Change L Addition
STREET ADDRESS	1109 SOUTH CONGRESS A	VENUE				ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 3340			•		i	
TITLE			DELETE	1.4 CITY-ST-ZIP ELETE 2.1 THLE		01-2IF	Change Addition
NAME				2.2 N			
STREET ADDRESS						ADDRESS	
City-st-zip						ST-ZIP	
TITLE			DELETE			<u> </u>	Change Addition
NAME				3.2 N/	AME		
STREET ADDRESS				3.3 \$1	TREE1	ADDRESS	
CITY-ST-ZIP				3.4. C	ITY-S	ST-ZIP	
TITLE			DELETE 4.1				☐ Change ☐ Addition
NAME				4. 2 N	AME		
STREET ADDRESS				4.3 ST	TREET	ADDRESS	
CITY-ST-ZIP				4.4 CI	ITY-S	ST-ZIP	
TITLE			DELETE	5.1 Tr	TLE		Change Addition
NAME				5.2 NA	AME		
STREET ADORESS				5.3 ST	TREET	ADDRESS	
CITY-ST-ZIP				5.4 City-st-zip		ST-ZIP	· ·
TITLE			DELETE				☐ Change ☐ Addition
NAME				6.2 N/	AME	1	
STREET ADDRESS				6.3 ST	TREET	ADDRESS	
CITY-ST-ZIP				6.4 CI	ITY-S	61 - ZIP	
14. I hereby	certify that the information supplied w	ith this fil	ing does not qualify	for the exe	emp	tion stated in !	Section 119.07(3)(i), Florida Statutes. I further certify that the information

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.