COF ANNU	ROFIT ROFIT JAL REPORT 1999		Katherin Secretary	TMENT OF STATE	Apr 02, 1 Secretar	LED 999 8:00 'y of Stat 072 012 ***150.0	
Corporation		980000	41556				
CAST ST	TONE PRODUCTS	5, INC.					
•	e of Business		Mailing Address 5584 SHADOW LAWN DRIVE	:			
RASOTA FL			SARASOTA FL 34242	-	DO NOT WRITI	E IN THIS SPACE	
					3. Date Incorporated or Qualifed		
Principal P	lace of Business	Blud.	2a. Mailing Address	Blud	05/07/1998 4. FEI Number	Apr	lied For
171			26 1718 Fra	Lepan Jence	65-0833492	Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	•	5, Certifcate of Status Desired	••• Rec ••• Fee Rec	
City & Stat		= ,	City & State	E.	6, Election Campaign Financing Trust Fund Contribution	□ \$5.00 m	.,
 Zip	So 72 F		28 Savasota Zip	Country	8. This corporation owes the current	· · · · · · · · · · · · · · · · · · ·	// 663
342	234 25 Sa 9. Name and Addro			30 Sarasota	Personal Property Tax. 10, Name and Address of New Re	Yes	No
		ess of Current R	egisteren Alleur	81 Name			
	er, geoffrey \$ Shadow Lawn Di	PIVE		82 Street Add	iress (P.O. Box Number is Not Acceptab	le)	
	ASOTA FL 34242			83			
0.41				84 City		El 85 Zip C	ode
	to the provisions of Sec	tions 607 0502 a	nd 607,1508, Florida Statute	s the above-named corr	poration submits this statement for the p	FL urpose of changing its i	registered
I. Pursuant	registered agent or both	in the State of F	nd 607.1508, Florida Statute Florida. Such change was au Is of, Section 607.0505, Flori	s, the above-named corp thorized by the corporati	poration submits this statement for the p ion's board of directors. I hereby accept	FL urpose of changing its i	reaistered
. Pursuant office or r agent. I a	registered agent, or both m familiar with, and acc	n, in the State of F ept the obligation	Florida. Such change was au is of, Section 607.0505, Flori	s, the above-named corp thorized by the corporati	ion's board of directors. I hereby accept	FL urpose of changing its i	reaistered
I. Pursuant office or r agent. I a GNATURE	egistered agent, or both m familiar with, and acc Signature, typed or printed nam	n, in the State of F ept the obligation	lorida. Such change was au is of, Section 607.0505, Flori d title if applicable. (NOTE: DIRECTORS	s, the above-named corp thorized by the corporati da Statutes. Registered Agent signature require 13.	ion's board of directors. I hereby accept	PL urpose of changing its the appointment as reg DATE ICERS AND DIRECTOR	registered istered RS IN 12
Pursuant office or r agent. I a GNATURE	egistered agent, or both m familiar with, and acc Signature, typed or printed nam C	n, in the State of F sept the obligation e of registered egent an DFFICERS AND [Iorida. Such change was au is of, Section 607.0505, Flori d title if applicable. (NOTE:	s, the above-named corp thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE	ed when reinstating)	FL urpose of changing its in the appointment as reg	registered istered RS IN 12
. Pursuant office or r agent. I a GNATURE 	egistered agent, or both m familiar with, and acc Signature, typed or printed nam C D OLDER, GEOFFRE	h, in the State of F lept the obligation e of registered egent and DFFICERS AND I	lorida. Such change was au is of, Section 607.0505, Flori d title if applicable. (NOTE: DIRECTORS	s, the above-named corp thorized by the corporati da Statutes. Registered Agent signature require 13.	ed when reinstating)	PL urpose of changing its the appointment as reg DATE ICERS AND DIRECTOR	registered istered
I. Pursuant office or r agent. I a GNATURE 2. LE ME REET ADDRESS	egistered agent, or both m familiar with, and acc Signature, typed or printed nam C D OLDER, GEOFFRE 5584 SHADOW LA SARASOTA FL 342	h, in the State of F hept the obligation of registered epent and DFFICERS AND [Y WN DRIVE	Iorida. Such change was au is of, Section 607.0505, Flori d litle if applicable. (NOTE: DIRECTORS	s, the above-named corp thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating)	PL urpose of changing its in the appointment as reg DATE ICERS AND DIRECTOI	RS IN 12
. Pursuant office or r agent. I a GNATURE	egistered agent, or both m familiar with, and acc Signature, typed or printed nam C D OLDER, GEOFFRE 5584 SHADOW LA SARASOTA FL 342 D	n, in the State of F sept the obligation OFFICERS AND D Y WN DRIVE 242	lorida. Such change was au is of, Section 607.0505, Flori d title if applicable. (NOTE: DIRECTORS	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ed when reinstating)	PL urpose of changing its the appointment as reg DATE ICERS AND DIRECTOR	RS IN 12
Pursuant office or r agent. I a GNATURE E E KE REET ADORESS Y-ST-ZIP LE ME	egistered agent, or both m familiar with, and acc Signature, typed or printed nam C D OLDER, GEOFFRE 5584 SHADOW LA SARASOTA FL 342	n, in the State of F sept the obligation OFFICERS AND I WN DRIVE 242	Iorida. Such change was au is of, Section 607.0505, Flori d litle if applicable. (NOTE: DIRECTORS	s, the above-named corp thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating)	PL urpose of changing its in the appointment as reg DATE ICERS AND DIRECTOI	RS IN 12
. Pursuant office or r agent. I a GNATURE E E E E E E E E E E E E E E E E E E	egistered agent, or both m familiar with, and acc Signature, typed or printed nam O OLDER, GEOFFRE 5584 SHADOW LA SARASOTA FL 342 D GRAVELLE, PETER	h, in the State of F sept the obligation of registered egent and OFFICERS AND I WN DRIVE 242 WW DRIVE	Is of, Section 607.0505, Flori Bile if applicable. DIRECTORS DELETE DELETE	s, the above-named corr thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME - 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ed when reinstating)	FL urpose of changing its if the appointment as reg DATE ICERS AND DIRECTOI Change	RS IN 12
Pursuant office or r agent. I a GNATURE E E E E E E E E E E E E E E E E E E	egistered agent, or both m familiar with, and acc Signature, typed or printed nam OLDER, GEOFFRE 5584 SHADOW LA SARASOTA FL 342 D GRAVELLE, PETER 5651 CAPE LEYTE	h, in the State of F sept the obligation of registered egent and OFFICERS AND I WN DRIVE 242 WW DRIVE	Iorida. Such change was au is of, Section 607.0505, Flori d litle if applicable. (NOTE: DIRECTORS	s, the above-named corr thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME - 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ed when reinstating)	PL urpose of changing its in the appointment as reg DATE ICERS AND DIRECTOI	RS IN 12
. Pursuant office or r agent. I a GNATURE E REET ADORESS Y-ST-ZIP E REET ADORESS Y-ST-ZIP E ME	egistered agent, or both m familiar with, and acc Signature, typed or printed nam OLDER, GEOFFRE 5584 SHADOW LA SARASOTA FL 342 D GRAVELLE, PETER 5651 CAPE LEYTE	h, in the State of F sept the obligation of registered egent and OFFICERS AND I WN DRIVE 242 WW DRIVE	Is of, Section 607.0505, Flori Bile if applicable. DIRECTORS DELETE DELETE	s, the above-named corr thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME - 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ed when reinstating)	FL urpose of changing its if the appointment as reg DATE ICERS AND DIRECTOI Change	RS IN 12
. Pursuant office or r agent. I a GNATURE	egistered agent, or both m familiar with, and acc Signature, typed or printed nam OLDER, GEOFFRE 5584 SHADOW LA SARASOTA FL 342 D GRAVELLE, PETER 5651 CAPE LEYTE	h, in the State of F sept the obligation of registered egent and OFFICERS AND I WN DRIVE 242 WW DRIVE	Is of, Section 607.0505, Flori UNOTE: DIRECTORS DELETE DELETE DELETE DELETE	s, the above-named corr thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	ed when reinstating)	FL urpose of changing its if the appointment as reg DATE ICERS AND DIRECTOI Change Change	RS IN 12
. Pursuant office or r agent. I a GNATURE	egistered agent, or both m familiar with, and acc Signature, typed or printed nam OLDER, GEOFFRE 5584 SHADOW LA SARASOTA FL 342 D GRAVELLE, PETER 5651 CAPE LEYTE	h, in the State of F sept the obligation of registered egent and OFFICERS AND I WN DRIVE 242 WW DRIVE	Is of, Section 607.0505, Flori Bile if applicable. DIRECTORS DELETE DELETE	s, the above-named corr thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ed when reinstating)	FL urpose of changing its if the appointment as reg DATE ICERS AND DIRECTOI Change	RS IN 12
. Pursuant office or r agent. a GNATURE E KEETADORESS Y-ST-ZIP .E KEETADORESS Y-ST-ZIP .E KEETADORESS Y-ST-ZIP .E KEETADORESS Y-ST-ZIP .E	egistered agent, or both m familiar with, and acc Signature, typed or printed nam OLDER, GEOFFRE' 5584 SHADOW LA SARASOTA FL 342 D GRAVELLE, PETER 5651 CAPE LEYTE SARASOTA FL 342	h, in the State of F sept the obligation of registered egent and OFFICERS AND I WN DRIVE 242 WW DRIVE	Is of, Section 607.0505, Flori UNOTE: DIRECTORS DELETE DELETE DELETE DELETE	s, the above-named corr thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	ed when reinstating)	FL urpose of changing its if the appointment as reg DATE ICERS AND DIRECTOI Change Change	RS IN 12
Pursuant office or r agent. a GNATURE E E E E E E E E E E E E E E E E E E	egistered agent, or both m familiar with, and acc Signature, typed or printed nam OLDER, GEOFFRE' 5584 SHADOW LA SARASOTA FL 342 D GRAVELLE, PETER 5651 CAPE LEYTE SARASOTA FL 342	h, in the State of F sept the obligation of registered egent and OFFICERS AND I WN DRIVE 242 WW DRIVE	Is of, Section 607.0505, Flori URECTORS DIRECTORS DELETE DELETE DELETE DELETE DELETE	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ed when reinstating)	FL urpose of changing its is the appointment as reg DATE ICERS AND DIRECTOI Change Change Change Change Change Change	RS IN 12 Addition Addition
Pursuant office or r agent. a GNATURE E E E E E E E E E E E E E E E E E E	egistered agent, or both m familiar with, and acc Signature, typed or printed nam OLDER, GEOFFRE' 5584 SHADOW LA SARASOTA FL 342 D GRAVELLE, PETER 5651 CAPE LEYTE SARASOTA FL 342	h, in the State of F sept the obligation of registered egent and OFFICERS AND I WN DRIVE 242 WW DRIVE	Is of, Section 607.0505, Flori UNOTE: DIRECTORS DELETE DELETE DELETE DELETE	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME - 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ed when reinstating)	FL urpose of changing its if the appointment as reg DATE ICERS AND DIRECTOI Change Change	RS IN 12 Addition Addition
Pursuant office or r agent. a GNATURE E E E E E E E E E E E E E E E E E E	egistered agent, or both m familiar with, and acc Signature, typed or printed nam OLDER, GEOFFRE' 5584 SHADOW LA SARASOTA FL 342 D GRAVELLE, PETER 5651 CAPE LEYTE SARASOTA FL 342	h, in the State of F sept the obligation of registered egent and OFFICERS AND I WN DRIVE 242 WW DRIVE	Is of, Section 607.0505, Flori URECTORS DIRECTORS DELETE DELETE DELETE DELETE DELETE	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ed when reinstating)	FL urpose of changing its is the appointment as reg DATE ICERS AND DIRECTOI Change Change Change Change Change Change	RS IN 12 Addition
Pursuant office or r agent. I a GNATURE LE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	egistered agent, or both m familiar with, and acc Signature, typed or printed nam OLDER, GEOFFRE' 5584 SHADOW LA SARASOTA FL 342 D GRAVELLE, PETER 5651 CAPE LEYTE SARASOTA FL 342	h, in the State of F sept the obligation of registered egent and OFFICERS AND I WN DRIVE 242 WW DRIVE	Florida. Such change was au Is of, Section 607.0505, Flori d INB if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	s, the above-named corr thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ed when reinstating)	FL urpose of changing its is the appointment as regulation DATE ICERS AND DIRECTOR ICERS AND DIRECTOR ICAnge ICAnge Change ICAnge ICAnge ICANGE ICANGE ICANGE ICANGE ICANGE ICANGE ICANGE ICANGE	RS IN 12 Addition
Pursuant office or r agent. a GNATURE LE KE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	egistered agent, or both m familiar with, and acc Signature, typed or printed nam OLDER, GEOFFRE' 5584 SHADOW LA SARASOTA FL 342 D GRAVELLE, PETER 5651 CAPE LEYTE SARASOTA FL 342	h, in the State of F sept the obligation of registered egent and OFFICERS AND I WN DRIVE 242 WW DRIVE	Is of, Section 607.0505, Flori URECTORS DIRECTORS DELETE DELETE DELETE DELETE DELETE	s, the above-named corr thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ed when reinstating)	FL urpose of changing its is the appointment as reg DATE ICERS AND DIRECTOI Change Change Change Change Change Change	RS IN 12 Addition
Pursuant office or r agent. a GNATURE LE KE REET ADDRESS Y-ST-ZIP LE ME	egistered agent, or both m familiar with, and acc Signature, typed or printed nam OLDER, GEOFFRE' 5584 SHADOW LA' SARASOTA FL 342 D GRAVELLE, PETER 5651 CAPE LEYTE SARASOTA FL 342	h, in the State of F sept the obligation of registered egent and OFFICERS AND I WN DRIVE 242 WW DRIVE	Florida. Such change was au Is of, Section 607.0505, Flori d INB if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	s, the above-named corp thorized by the corporati da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME - 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ed when reinstating)	FL urpose of changing its is the appointment as regulation DATE ICERS AND DIRECTOR ICERS AND DIRECTOR ICAnge ICAnge Change ICAnge ICAnge ICANGE ICANGE ICANGE ICANGE ICANGE ICANGE ICANGE ICANGE	RS IN 12 Addition
I. Pursuant office or r agent. I a IGNATURE 2. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	egistered agent, or both m familiar with, and acc Signature, typed or printed nam OLDER, GEOFFRE 5584 SHADOW LA SARASOTA FL 342 D GRAVELLE, PETER 5651 CAPE LEYTE SARASOTA FL 342	n, in the State of F sept the obligation of registered epent an OFFICERS AND I WN DRIVE 242 1 W DR. 242	Forda. Such change was au is of, Section 607.0505, Flori d title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE	s, the above-named corr thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	ed when reinstating) ADDITIONS/CHANGES TO OFF	FL urpose of changing its is the appointment as regulation DATE ICERS AND DIRECTOI Change	registered ristered RS IN 12 Addition Addition Addition Addition
Pursuant office or r agent. 1 a GNATURE LE ME REET ADORESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	egistered agent, or both m familiar with, and acc Signature, typed or printed nam OLDER, GEOFFRE 5584 SHADOW LA SARASOTA FL 342 D GRAVELLE, PETER 5651 CAPE LEYTE SARASOTA FL 342	n, in the State of F sept the obligation of registered epent an OFFICERS AND I WN DRIVE 242 1 W DR. 242	Forda. Such change was au is of, Section 607.0505, Flori d title if applicable. (NOTE: DIRECTORS DELETE DELETE DELETE	s, the above-named corr thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	ed when reinstating)	FL urpose of changing its is the appointment as regulation DATE ICERS AND DIRECTOI Change	RS IN 12 RS IN 12 Addition Addition Addition Addition Addition

SIC	GN.	ATU	RE:
-----	-----	-----	-----

SIGNATURE AND TYPED OF PRINCE DATE OF DIRECTOR

Daytime Phone #