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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S16551

1. Corporation Name

CAST PRODUCTS, INC.

Principal Place	e of Business	Mailing Address					i Biffit Grace atas	I BIBII 611))
286 107 AVE		286 107 AVE							
UPPER		UPPER				DO NOT INDITE IN	TUD 5080		
ST PETERSBURG FL 33706 ST PETE FL 33706						DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed			
	·					11/30/1990		1	Lad Cas
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	-	+ ''	lied For
21		26				59-3059742	<u> </u>		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		./ 3 Ad ee Req	ditional
22		27							
City & State	e	City & State		_		6. Election Campaign Financing Trust Fund Contribution		5.00 N dded to	- 1
23	0		Countr						1663
Zip	Country	Zip	\neg	y		 This corporation owes the current y Personal Property Tax. 	ear milangibii Ye		∃No
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2	29 3	10 			10. Name and Address of New Regis			
	9. Name and Address of Curre	ant Registered Agent	81	1 Na	me	IV. Haine and Address of the Williams			
NEU	KAMM, JOHN B.		L						
	NORTH TAMPA STREET		82	2 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)			
1	. 1900		8:	-			·····		
	PA FL 33602		,	1					
IOM	FA 1 L 33002		84	4 Cit	у		FL 85	Zip Ci	ode
								ina ita s	agistared
office or re	enistered agent or both in the Stat	te of Florida. Such change was auti	horized by	v the (nea corpo orporatio:	pration submits this statement for the purp n's board of directors. I hereby accept the	appointmen	as regi	istered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Florid	da Statute	s.		•			
1						•			1
SIGNATURE									
	Signature, typed or printed name of registered a	*****		ent sign	ture required		ATE AND DIE	ECTOE	
12.	OFFICERS A	AND DIRECTORS	13.		ture required	when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIF		
12.	OFFICERS A	*****	13. 1.1 TITLE		ture required		RS AND DIF	RECTOR	RS IN 12
12. TITLE NAME	OFFICERS A DP POLAND, DOUG	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME				RS AND DIF		
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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 suppliemental 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 truetee 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 arteress with all there like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

OFFICER OR DIRECTOR