

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

FILED

Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90059 042 ****150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 518182 1. Corporation Name GATOR PLASTICS, INC.					
Principal Place of Business 775 NW 71ST STREET MIAMI FL 33150			Mailing Address 775 NW 71ST STREET MIAMI FL 33150		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/09/1976	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1726469	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent FEINSTEIN, FRED 420 SUNRISE PROFESSIONAL BLDG. 915 MIDDLE RIVER DR. FT. LAUDERDALE FL 33304				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code FL	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	O'BRIEN, JAMES B		1.2 NAME		
STREET ADDRESS	1233 SEA GRAPE CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	BROOK, KAREN		2.2 NAME		
STREET ADDRESS	1436 FUNSTON STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	ASSIF, PATRICIA ANN		3.2 NAME		
STREET ADDRESS	459 HINMAN RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WATERTOWN CT		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: James O'Brien 1/13/99 (305) 693-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0272618

CR2E034 (11/98)