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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **811893** **(7)**

1. Corporation Name
DART INDUSTRIES, INC.

Principal Place of Business	Mailing Address
TUPPERWARE HEADQUARTERS ATTN: TAX DEPT. 14901 S. ORANGE BLOSSOM TR. ORLANDO FL 32837	TUPPERWARE HEADQUARTERS ATTN: TAX DEPT. 14901 S. ORANGE BLOSSOM TR. ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 05/04/1957

4. FEI Number: 95-1455570 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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	GOINGS, E. V.		1.2 NAME		
STREET ADDRESS	14901 S ORANGE BLOSSOM TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSE, JAMES E JR		2.2 NAME		
STREET ADDRESS	14901 S ORANGE BLOSSOM TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	BOBEK, MARK H		3.2 NAME	Jennifer Moline	
STREET ADDRESS	14901 S ORANGE BLOSSOM TRIAL		3.3 STREET ADDRESS	14901 S. Orange Blossom Tr.	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Orlando, FL 32837	
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LISEC, RICHARD		4.2 NAME		
STREET ADDRESS	14901 S ORANGE LOSSOM TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORALNDO FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROEHLK, THOMAS M.		5.2 NAME		
STREET ADDRESS	14901 S ORANGE BLOSSO, TRAIL		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	VPS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DUNLAP, CHARLES L		6.2 NAME		
STREET ADDRESS	14901 S ORANGE BLOSSOM TRAIL		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Richard G. Lesser 2/5/98 407-826-8451