

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # F95000001047 (8)**  
1. Corporation Name

**SUMMIT PLASTIC SOLUTIONS, INC.**



Principal Place of Business: **1485 HOLSONBACK DRIVE DAYTONA BEACH FL 32117**  
Mailing Address: **1485 HOLSONBACK DRIVE DAYTONA BEACH FL 32117**

3. Date Incorporated or Qualified: **03/06/1995**  
3a. Date of Last Report: **N/A**  
4. FEI Number: **59-3296443**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 **1845 HOLSONBACK DR.**  
22 **-**  
23 **Daytona Beach, F**  
24 **32117** 25 **USA**  
2a. Mailing Address  
26 **1845 HOLSONBACK DR.**  
27 **-**  
28 **Daytona Beach FL**  
29 **32117** 30 **USA**

9. Name and Address of Current Registered Agent  
**RUDOLPH, THOMAS L**  
**1845 1485 HOLSONBACK DRIVE**  
**DAYTONA BEACH FL 32117**

10. Name and Address of New Registered Agent  
81 Name: **Gregory W. Houghtaling**  
82 Street Address (P.O. Box Number is Not Acceptable): **1845 HOLSONBACK DRIVE**  
83  
84 City: **DAYTONA BEACH** FL 85 Zip Code: **32111**

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 furnished with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Gregory W. Houghtaling*  
Signature, typed or printed name of registered agent and title (applicable if not a registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: <b>PC</b>	<input checked="" type="checkbox"/> DELETE	11 TITLE: <b>CEO, P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>GIBBS, MICHAEL A</b>		12 NAME: <b>MINNICK, TERRY</b>
STREET ADDRESS: <b>51 LOCUST AVENUE</b>		13 STREET ADDRESS: <b>1845 HOLSONBACK DRIVE</b>
CITY-ST-ZIP: <b>NEW CANAAN CT 06840</b>		14 CITY-ST-ZIP: <b>DAYTONA BEACH, FL 32117</b>
TITLE: <b>V</b>	<input checked="" type="checkbox"/> DELETE	21 TITLE: <b>CFO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>RUDOLPH, THOMAS L</b>		22 NAME: <b>HOUGHTALING, GREGORY</b>
STREET ADDRESS: <b>1485 HOLSONBACK DRIVE</b>		23 STREET ADDRESS: <b>1845 HOLSONBACK DRIVE</b>
CITY-ST-ZIP: <b>DAYTONA BEACH FL 32117</b>		24 CITY-ST-ZIP: <b>DAYTONA BEACH, FL 32117</b>
TITLE: <b>T</b>	<input checked="" type="checkbox"/> DELETE	31 TITLE: <b>COO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>JONES, RICHARD N</b>		32 NAME: <b>ADKISSON, LARRY</b>
STREET ADDRESS: <b>1485 HOLSONBACK DRIVE</b>		33 STREET ADDRESS: <b>1845 HOLSONBACK DRIVE</b>
CITY-ST-ZIP: <b>DAYTONA BEACH FL 32117</b>		34 CITY-ST-ZIP: <b>DAYTONA BEACH, FL 32117</b>
TITLE: <b>S</b>	<input type="checkbox"/> DELETE	41 TITLE: <b>ASST. SEC.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>WEISS, STEPHEN A</b>		42 NAME: <b>MCCRACKEN, TERRI</b>
STREET ADDRESS: <b>650 FIFTH AVENUE</b>		43 STREET ADDRESS: <b>1845 HOLSONBACK DRIVE</b>
CITY-ST-ZIP: <b>NEW YORK NY 10019</b>		44 CITY-ST-ZIP: <b>DAYTONA BEACH, FL 32117</b>
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	51 TITLE: <b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>GAFFNEY, THOMAS F</b>		52 NAME: <b>Steven Weiss</b>
STREET ADDRESS: <b>2091 OCEANVIEW DRIVE</b>		53 STREET ADDRESS: <b>Greenburg, Traurig, Hoffman</b>
CITY-ST-ZIP: <b>TIERRA VERDE FL 33715</b>		54 CITY-ST-ZIP: <b>153 E 53rd St. NY, NY 10022</b>
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SUTTER, WILLIAM P JR</b>		62 NAME: <b>N/A</b>
STREET ADDRESS: <b>350 NORTH CLARK STREET</b>		63 STREET ADDRESS: <b>N/A</b>
CITY-ST-ZIP: <b>CHICAGO IL 60610-4796</b>		64 CITY-ST-ZIP: <b>N/A</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Gregory W. Houghtaling* **Gregory W. Houghtaling** 6/11/96 (904) 274-6114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)