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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # J01410**

1. Corporation D & S IN	DUSTRIAL PLASTICS, INC.	· ·					
Principal Place	e of Business	Mailing Address			1 108/115 Bitt antal itali nini antal itali	1 01011 21211 21511 1	21011 61011 1001
4191 112TH TERR N 4191 112TH TERR N CLEARWATER FL 34622 CLEARWATER FL 34622					DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed 02/27/1986		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	pplied For
21		26		***	59-2644271		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	•	Additional equired
22					6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip Zip 24 33'	Country [25]	Zip 3376Z 3	Country	1	This corporation owes the current year Personal Property Tax.		□No
24 00	9. Name and Address of Currer		<u> </u>		10. Name and Address of New Registers	d Agent	
			81	Name			
DRAGON, CARY DON 4191 112TH TERR N			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
SUITE 401-B			83				
CLEA	ARWATER FL 33762		84	City	F	85 Zip	Code
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the oblications are secured.	12 and 607.1508, Florida Statutes of Florida. Such change was auti ations of Section 607.0505, Florid	, the above horized by la Statutes	e-named co the corpora	rporation submits this statement for the purpose tition's board of directors. I hereby accept the app	politilient as re	egistered
SIGNATURE		aur (ary	Don	ragon 4-2	2-98	·
SIGNATORE	Signature, types or printed name of registered age		egistered Ager	nt signature requ	and writer (principality)		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	TC Dragon, Cary Don	□ DELETE	1.1 STILE				
NAME STREET ADDRESS	2185 BOW LANE		1.3 STREE	TADDDEEC			
CITY-ST-ZIP	SAFETY HARBOR FL		1.4 CITY-ST-ZIP				
TITLE	PSD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	DRAGON, DEBRA J.		2.2 NAME				
STREET ADDRESS	2185 BOW LANE		2.3 STREE	TADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL			T: ZIP.===			
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		Change	Addition
TITLE	•	□ here ie	4.1 TITLE 4.2 NAME				

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

□ DELETE

□ DELETE

Change

Change

Addition

☐ Addition

CR2E034 (11/98)

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90032 034 ***158.75