SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CICMATHDE:

PROFIT Jul 28 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # (1) FORTUNE PLASTICS, INC. Principal Place of Business Mailing Address WILLIAMS LANE WILLIAMS LANE PO BOX 637 PO BOX 637 OLD SAYBROOK CT 06475 OLD SAYBROOK CT 06475 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 04/14/1986 07/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 06-0699218 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, ctc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent O'NEILL, BERNARD C. JR. 81 Name 200 E. ROBINSON ST. 82 Street Address (P.O. Box Number is Not Acceptable) #865 ORLANDO FL 32801 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typied or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 THLE ☐ Change Addition MATHIEU, JOHN A. NAME 1.2 NAME 32 OAK RIDGE RD STREET ADDRESS 1.3 STREET ADDRESS WESTBROOKE CT CITY-ST-ZIP 1.4 CHY-ST-ZIP TOLE DELETE 2.1 TITLE Change Addition ANDERSON, KEITH NAME 2.2 NAME **12 FURDHAM TRAIL** STREET ADDRESS 2.3 STREET ADDRESS OLD SAYBROOK CT City-St-ZIP 2. 4 CITY-S1-ZIP DELETE TITLE 3.1 TITLE Addition LUND, HENRY NAME 3.2 NAME 325 CHESTNUT ST #909 STREET ADDRESS 3.3 STREET ADDRESS PHILADELPHIA PA CITY-ST-ZIP 3.4. CITY-ST-ZIP PD DELETE TITLE 4 1 TITLE Change Addition DUHIG, JOHN P. NAME 4 2 NAME 7 OVERLOOK DR STREET ADDRESS 4.3 STREET ADDRESS **OLD SAYBROOK CT** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition HUGAN, PAUL NAME 5.2 NAME 325 CHESTNUT STREET SUITE 919 STREET ADDRESS 5.3 STREET ADDRESS PHILADELPHIA PA CITY-ST-ZIP 5.4 CITY - \$1 - ZIP TITLE DELETE 6.1 TITLE Change ■ Addition GILLESPIE, EDWARD F. NAME 6.2 NAME **60 HURLBURT ST** STREET ADDRESS 6.3 STREET ADDRESS **GLASTONBURY CT** CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do 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.

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