**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.**
**AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).**

# FILED
# Aug 25, 1999 8:00 am
# Secretary of State

08-25-1999 90002 008 ***550.00

PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P09745**

1. Corporation Name
**FORTUNE PLASTICS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| WILLIAMS LANE<br>PO BOX 637<br>OLD SAYBROOK CT 06475 | WILLIAMS LANE<br>PO BOX 637<br>OLD SAYBROOK CT 06475 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1986

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 06-0699218 ☐ 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 the current year Intangible Personal Property. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

O'NEILL, BERNARD C. JR.
200 E. ROBINSON ST.
#865
ORLANDO FL 32801

**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 | T | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | MATHIEU, JOHN A. | | 1.2 NAME | |
| STREET ADDRESS | 32 OAK RIDGE RD | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WESTBROOKE CT | | 1.4 CITY-ST-ZIP | |
| TITLE | V | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | ANDERSON, KEITH | | 2.2 NAME | |
| STREET ADDRESS | 12 FURDHAM TRAIL | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | OLD SAYBROOK CT | | 2.4 CITY-ST-ZIP | |
| TITLE | DV | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | LUND, HENRY | | 3.2 NAME | |
| STREET ADDRESS | 325 CHESTNUT ST #909 | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PHILADELPHIA PA | | 3.4 CITY-ST-ZIP | |
| TITLE | PD | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | DUHIG, JOHN P. | | 4.2 NAME | |
| STREET ADDRESS | 7 OVERLOOK DR | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | OLD SAYBROOK CT | | 4.4 CITY-ST-ZIP | |
| TITLE | SD | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | HUGAN, PAUL | | 5.2 NAME | |
| STREET ADDRESS | 325 CHESTNUT STREET SUITE 919 | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PHILADELPHIA PA | | 5.4 CITY-ST-ZIP | |
| TITLE | V | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | GILLESPIE, EDWARD F. | | 6.2 NAME | |
| STREET ADDRESS | 60 HURLBURT ST | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | GLASTONBURY CT | | 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.

**SIGNATURE:** John Mathieu SIGNATURE & TITLE Treasurer 8/6/99 860-388-3426
Date Daytime Phone #

CR2E034 (5/99)