

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

FILED  
Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **P39104**

(5)

1. Corporation Name

**ROTONICS MANUFACTURING INC.**

Principal Place of Business

Mailing Address

**17022 S. FIGUEROA STREET  
GARDENA CA 90248**

**17022 S. FIGUEROA STREET  
GARDENA CA 90248-3019**



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

<b>3.</b> Date Incorporated or Qualified <b>06/02/1992</b>	<b>3a.</b> Date of Last Report <b>04/23/1996</b>
<b>4.</b> FEI Number <b>36-2467474</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>	
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>	

<b>10. Name and Address of New Registered Agent</b>	
<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b> <b>85</b> 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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>PCEO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCKINNISS, SHERMAN</b>	1.2 NAME	<b>JAMES E. EVANS</b>
STREET ADDRESS	<b>17022 S FIGUEROA STREET</b>	1.3 STREET ADDRESS	<b>1501 PEMBERTON DRIVE</b>
CITY-ST-ZIP	<b>GARDENA CA</b>	1.4 CITY-ST-ZIP	<b>COLUMBUS, OH 43221</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEDONATO, LARRY M.</b>	2.2 NAME	
STREET ADDRESS	<b>1429 MAIN STEET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELANO CA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TONKOVICH, E PAUL</b>	3.2 NAME	
STREET ADDRESS	<b>1851 EAST FIRST ST #800</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA ANA CA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLITE, DAVID C.</b>	4.2 NAME	
STREET ADDRESS	<b>11511 NW CUMMINS ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARLTON OR</b>	4.4 CITY-ST-ZIP	
TITLE	<b>CFO</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSSELL, DOUGLAS W</b>	5.2 NAME	
STREET ADDRESS	<b>17022 S. FIGUEROA STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GARDENA CA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLITE, L. JOHN JR</b>	6.2 NAME	
STREET ADDRESS	<b>211 OLDWOODS RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FRANKLIN LAKES NJ</b>	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.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)