

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90160 027 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P95000096061

1. Corporation Name
SPW LIMITED PARTNER, INC.



Principal Place of Business
 14427 N.W. 60TH AVENUE
 MIAMI LAKES FL 33014

Mailing Address
 14427 N.W. 60TH AVENUE
 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/18/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

4. FEI Number
65-0632303

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 Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SECURITY PLASTICS, INC
 14427 NW 60TH AVE
 MIAMI LAKES FL 33180

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	COHAN, NORMAN H	
STREET ADDRESS	14427 N.W. 60TH AVENUE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	VAINSTEIN, ISRAEL	
STREET ADDRESS	14427 NW 60TH AVE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	GOMEZ, ENIDIO A	
STREET ADDRESS	14427 N.W. 60TH AVENUE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WALLER, DAVID	
1.3 STREET ADDRESS	14427 NW 60TH AVE	
1.4 CITY-ST-ZIP	Miami Lakes, FL 33014	
2.1 TITLE	VP T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VAINSTEIN, ISRAEL	
2.3 STREET ADDRESS	14427 NW 60TH AVENUE	
2.4 CITY-ST-ZIP	MIAMI LAKES FL 33014	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DALE A. DONATI	
3.3 STREET ADDRESS	14427 NW 60th AVENUE	
3.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

DALE A. DONATI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

305 863-5440

Date

Daytime Phone #

CR2E034 (1/198)