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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 29 1997 8:00am

Secretary of State

## DOCUMENT # P96000044841 (0)

PLASTIC PALLET PRODUCTION, INC.

8091 HAMPTON WOOD DRIVE BOCA RATON FL 33433			BO91 HAMPTON WOOD DRIVE BOCA RATON FL 33433-1145								
							<ol> <li>Date Incorporated or Qualified 05/24/1996</li> </ol>	<b>3a</b> . Da	te of Last F	eporl	
2, Principal P	lace of Business	<u> </u>	2a. Mailing Address				4. FEI Number		<u> </u>	plied For	
Suite, Apt.	# etc	26 Suito	, Apt. #, etc.				65-0645057			t Applicable	
22		27	<del> </del> -				5. Certificate of Status Desired	X		Additional equired	
City & State	ө	City &	& State				6. Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution			to Fees	
Zip	Country	Zip		Cou	ntry		8. This corporation has liability for i			. 199.032,	
24	25 29 29 Name and Address of Current Registered Agent			30			Florida Statutes Yes No				
	<del> 1                               </del>	nt Registered	Agent	· · · · · · · · · · · · · · · · · · ·	04		10. Name and Address of New Re	gistered A	gent	<i>-</i>	
	IN, MICHAEL				81	Name					
	1 HAMPTON WOOD DRIVE					Street Ad	Address (P.O. Box Number is Not Acceptable)				
BO	CA RATON FL 33433										
					63						
					84	City		FL	<b>85</b> Zip	Code	
SIGNATURE	Signature, typod or printed name of registered ag-	nt and little if applic	ebio (NO)				orporation submits this statement for the paration's board of directors. I hereby acceptions are restained to the paration of	DATE	ointment as	registered	
12.	OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 12	
TITLE	D		DELETE	1110	ILE	İ			☐ Change	Addition	
NAME	JOHN, MICHAEL	-		1.2 NA	ME	-					
STREET ADDRESS	8901 HAMPTON WOOD DRIV	Ė		1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33433		Deles	1.4 CC		T-ZIP					
TITLE			DELETE	2.1 10					Change	Addition	
NAME				2.2 NA							
STREET ADDRESS						ADDRESS					
CITY - ST - ZIP TITLE		***	DELETE	2.4 C		ST - ZIP			06	Lare	
NAME			E- DULLIAL	3.1 717					☐ Change	Addition	
STREET ADDRESS				3.2 NA		1000000					
CITY-ST-ZIP						ADDRESS					
TITLE			DELETE	3.4. CI 4.1 TII		11-ZIP			Change	Addition	
NAME				4. 2 N					onongo		
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				4.4 CI							
TITLE			DELETE	5.1 T(1		1-4"			Change	Addition	
NAME				5.2 NA							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				5.4 CI		- 1					
TITLE		··-	DELETE	6.1 7(1					Change	Addition	

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 supplementa 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 received of 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.