

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

**FILED**  
**Feb 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000018038 (4)**  
 1. Corporation Name  
**PLASTICS INNOVATORS, INC.**



Principal Place of Business <b>1805 MAIN STREET, SUITE 1001                  SARASOTA FL 34236</b>	Mailing Address <b>1805 MAIN STREET, SUITE 1001                  SARASOTA FL 34236</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 455 Longboat Key Club</b> Suite, Apt. #, etc. <i>Drive</i>		2a. Mailing Address <b>26 455 Longboat Key Club</b> Suite, Apt. #, etc. <i>Drive</i>		3. Date Incorporated or Qualified <b>02/28/1997</b>
22. City & State <b>23 Longboat Key, Florida</b>		27. City & State <b>28 Longboat Key, Florida</b>		4. FEI Number <b>65-0731453</b>
24. Zip <b>34228</b>		29. Zip <b>34228</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
25. Country <b>USA</b>		30. Country <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

9. Name and Address of Current Registered Agent  
**GOLDSMITH, STANLEY A**  
**1805 MAIN STREET, SUITE 1001**  
**SARASOTA FL 34236**

10. Name and Address of New Registered Agent  
**81 Name GRACE Moschitto**  
**82 Street Address (P.O. Box Number is Not Acceptable) 455 Longboat Key Club Drive**  
**83**  
**84 City Longboat Key FL 85 Zip Code 34228**

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 *Grace Moschitto* **Grace Moschitto** **2-12-98**  
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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOSCHITTO, GRACE</b>	
STREET ADDRESS	<b>255 LONGBOAT KEY CLUB DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOSCHITTO, LEONARD</b>	
STREET ADDRESS	<b>255 LONGBOAT KEY CLUB DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOSCHITTO, MICHAEL</b>	
STREET ADDRESS	<b>255 LONGBOAT KEY CLUB DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COMMISSO, LENORE</b>	
STREET ADDRESS	<b>255 LONGBOAT KEY CLUB DRIVE</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
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	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MOSCHITTO, GRACE</b>	
1.3 STREET ADDRESS	<b>455 Longboat Key Club Dr</b>	
1.4 CITY-ST-ZIP	<b>Longboat Key, FL 34228</b>	
2.1 TITLE	<b>DVPAT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MOSCHITTO, LEONARD</b>	
2.3 STREET ADDRESS	<b>455 Longboat Key Club Dr</b>	
2.4 CITY-ST-ZIP	<b>Longboat Key, FL 34228</b>	
3.1 TITLE	<b>DVPAS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MOSCHITTO, MICHAEL</b>	
3.3 STREET ADDRESS	<b>455 Longboat Key Club Dr</b>	
3.4 CITY-ST-ZIP	<b>Longboat Key, FL 34228</b>	
4.1 TITLE	<b>DST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>COMMISSO, LENORE</b>	
4.3 STREET ADDRESS	<b>455 Longboat Key Club Dr</b>	
4.4 CITY-ST-ZIP	<b>Longboat Key, FL 34228</b>	
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.

SIGNATURE *Grace Moschitto* **Grace Moschitto** **2-12-98**

CR2E034 (10/97)