

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J11521 (8)**

1. Corporation Name
PLASTIGONE TECHNOLOGIES, INC.



Principal Place of Business: **2814 SOUTH STREET FT. MYERS FL 33916 US**
Mailing Address: **2814 SOUTH STREET FT. MYERS FL 33916 US**

3. Date Incorporated or Qualified: **04/24/1986**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **59-2712878**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HICH, JERRY
2814 SOUTH STREET
FT. MYERS FL 33916**

81. Name: **RON DAVIS**
82. Street Address (P.O. Box Number is acceptable): **2814 SOUTH ST**
83. **FT MYERS FL 33916**
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: *Ron Davis*

5-8-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARPAZ, AVI	
STREET ADDRESS	2814 SOUTH STREET	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIS, RON	
STREET ADDRESS	2814 SOUTH STREET	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAUSMAN, BRUCE	
STREET ADDRESS	2814 SOUTH STREET	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GORDON, HOWARD	
STREET ADDRESS	2814 SOUTH STREET	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HIEB, JERRY	
STREET ADDRESS	2814 SOUTH STREET	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GINNY HUKING	
STREET ADDRESS	2814 SOUTH ST	
CITY-ST-ZIP	FT MYERS, FL 33916	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Ginny Huking*

4/30/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)