


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # H61847 1. Entity Name FORTUNE PLASTICS OF FLORIDA, INC.	
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Principal Place of Business % BERNARD C. O'NEILL, JR. 11580 RYLAND CT ORLANDO, FL 32824-7617 US	Mailing Address 11580 RYLAND COURT ORLANDO, FL 32824-7617 US
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1636129	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent O'NEILL, BERNARD C JR 2699 LEE RD., STE 320 WINTER PARK, FL 32789
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reappointing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DUHIG, JOHN P WILLIAMS LN. PO BOX 637 OLD SAYBROOK, CT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MATHIEU, JOHN WILLIAMS LANE P O BOX 637 OLD SAYBROOK, CT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HOGAN, PAUL 325 CHESTNUT ST PHILADELPHIA, PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MCDERMOTT, NORBERT 325 CHESTNUT STREET PHILADELPHIA, PA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/11/04-80016-020 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/23/04 860 388 3426 <small>Date Daytime Phone #</small>
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