

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # 288409 (6)

1. Corporation Name

NUTRON PLASTICS INC

1995 MAY -1 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3645 N.W. 67th STREET
MIAMI - FL. 33147

SAME

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

3a. Date of Last Report

12/31/1964

4. FEI Number

Applied For

59-1089249

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

GROSSMAN, ROBERT D.
3645 NW 67th STREET
MIAMI - FL. 33147

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 the applicable

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

P/D

CORNWALL ROBERT M

3645 NW 67th ST.

MIAMI - FL. 33147

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

S/C/D

GROSSMAN, ROBERT D.

3645 NW 67th ST.

MIAMI, FL. 33147

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

V/D

SCHIDEL, THOMAS R.

3645 NW 67th ST.

MIAMI - FL. 33147

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

6.1 TITLE

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 110.07(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R. M. Cornwall

ROBERT M. CORNWALL

4/19/95 305/693-4680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number