## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90002 022 \*\*\*150.00

DOCUMENT #

1. Corporation Name

339601

MOLD MASTER, INC.

Principal Place of Business Mailing Address							1 198188 (156 title telle dittl edit) tel siet, diet alem alem alem alem alem alem alem alem	
203 N E 32ND	ST		203 /	N E 32ND ST				
FT LAUDERDA		Ļ		FT LAUDERDALE FL 33334				
								DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								12/31/1968
2. Principal Pl	ace of Busin	ness	2a. Ma	2a. Mailing Address				4. FEI Number Applied For
21			26	26				59-1230924 Not Applicable
Suite, Apt.	#, etc.		Su	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22			27					Fee Required
City & State	)		Cit	City & State				6. Election Campaign Financing \$5.00 May Be
23			28	28				Trust Fund Contribution Added to Fees
Zip Country			Zip	Zip Country				8. This corporation owes the current year
24		25	29		30	أ		Intangible Personal Property. Yes No
9. Name and Address of Currer			<u> </u>				10. Name and Address of New Registered Agent	
			<u> </u>			81 Name		
SJC	ogren, et	)GAR					SJÖGREN, TERESA B.  2 Street Address (P.O. Box Number is Not Acceptable)	
	N E 32NI						Street Address (P.O. Box Number is Not Acceptable) 203 N. E. 32 Street	
ř		ALE FL 33334				83		
	,						Fort :	Lauderdale, FL 33334
						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 607,9505. Florida Statutes.								
SIGNATURE Teresa B. Sjogren, Pres. Jurus B. Jurgum 7/13/99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	oignaturo, typau	·	AND DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD			DELETE	1.1 70	TLE	····/Þr	resident/Treasurer X Change Addition
NAME		EN EDGAR E			1.2 NA	AME .	Tе	eresa B. SJOGREN
								03 N. E. 32 Street
FOOT LAUDEDDALE EL			1.4 CIT				ort Lauderdale, FL 33334	
CITY-ST-ZIP		AUDENDALE FL			2.1 TI			T C Brader and C
TITLE	VD	D 1401 1 1414 14		DELETE				acretary
NAME	MINNEAR, WILLIAM M			2.2 NAI			M1	innear, William M
STREET ADDRESS	1							03 N. É. 32 Street
CITY-ST-ZIP	TY-ST-ZIP FORT LAUDERDALE FL							ort Lauderdale, FL 33334
TITLE	<b>f</b>			DELETE 3.1 TI			[	Change Addition
NAME					3.2 NA	AME	1	
STREET ADDRESS					3.3 ST	REET	ADDRESS	
CITY-ST-ZIP					3.4 CI	TY-ST-	ZIP	
TITLE				DELETE	4,1 TI	TLE		Change Addition
NAME					4.2 N	AME		
STREET ADDRESS					4.3 ST	TREET A	ADDRESS	
CITY-ST-ZIP					4.4 CI	ITY-ST-	ZIP	
TITLE				DELETE	5.1 TI		1	Change Addition
NAME					5.2 N/	AME		
STREET ADDRESS							ADDRESS	
						ITY-ST-	!	
CITY-ST-ZIP				OC. ETC	6.1 TI		ZH:	Change Addition
TITLE				L DELETE	6.2 N/			
NAME								
STREET ADDRESS					6.3 ST	REET	ADDRESS	

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:

Tires B. Svgren Pre

7/13/99 (954) 564-968

33960 59496-90002 TEL. - (305) - 564-9686 TEL. - (305) - 564-9687 FAX: (305) - 564-5763

## PLASTIC MOLDS

203 N.E. 32nd STREET FT. LAUDERDALE, FL 33334

July 13, 1999

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Dear Sir:

SUBJECT: 1999 PROFIT CORPORATION ANNUAL REPORT

We have not received the 1999 Notice of Filing Fee, but now have received what is stamped the 2nd Notice.

Therefore, following instructions received this day from (850)488- 9000, we enclose our check No. 14536 in the amount of \$150.00 in payment of the 1999 Profit Corporation Annual Report for Mold Master, Inc.

Should you have any questions regarding the above, please call us at (954) 564-9686.

Very truly yours,

Teresa B. Sjogren

President

Mold Master, Inc.

enclosure 1