	NOW: FILING FEE	AFTER MAY 1 I	S \$22	5.00		•
	PROFIT PORATION	FLORIDA DEPA				
	AL REPORT		B. Morthar ary of State			
1	1996	DIVISION OF	•			
	MENT # 48002	21 (5)		· · · · · · · · · · · · · · · · · · ·		
1. Corporation	Name STRIAL PLASTIC PRODUC'	` '				
INDU	STRIAL FLASTIC PRODUC	13; ING:			# 	88) (28) 828) 838) 838) 838) 838) 838) 838)
Principal Place	of Business	Maiing Address				
14025 NW 5		14025 NW 58 COURT				
MINMI LINE	10 71 33014	MIRMI CARES PE 330)1 4		Date Incorporated or Qualified	3a. Date of Last Report
a Division Div					07/02/1975	04/26/1995
2. Principal Pla 21	Ce o Business	2a. Mailing Address 26			4. FEI Number 59-1607680	Applied For Not Applicable
Suite, Apt. # 22	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for i	intangible tax under s 199.032,
24	25 9. Name and Address of Curren	29 29 at Registered Agent	30	 	Florida Statutes Yes 10. Name and Address of New R	□ No Registered Agent
				81 Name		
	SON, JOHN IAIN ST		,	82 Street Add	lress (P.O. Box Number is Not Acceptab	le)
SUITE			-	83		
	LAKES FL 33014		-	84 City		85 Zip Code
11 Pursuant to	the provisions of Sections 607 0500	and 607 1508 Florida Statuto	c the pho	'	ration submits this statement for the pur	FL 1
or registere	id agent, or both, in the State of Florid , and accept the obligations of Sect	aa. Such change was authorize	s, the above d by the co	orporation's boa	oration scientist his statement for the pur and of directors. I hereby accept the appo	pose of changing its registered offic pintment as registered agent. I am
SIGNATURE						
12.	Ignature, typed or printed name of registered agent OFFICERS ANI		E: Registered A	Agont signature require	ed when reinstaling) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TITLE	VO	☐ DELETE	1. 1 10	LE		☐ Change ☐ Addition
NAME	THORNE, VERONIKA		1.2 NAI	-		
STREET ADDRESS	2625 SEA ISLAND DR			REET ADDRESS		
CITY-SI-ZIP TITLE	FT LAUDERDALE FL PD	DELETE	2 1 TH	Y-ST-ZIP		Change Addition
NAME	THORNE, GEORGE		2.2 NA			
STREET ADDRESS	2625 SEA ISLAND DR			EET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CiT	Y-ST-ZIP		
TITLE	STD ODTIZ TATIANA	DELETE	3. 1 TIT			☐ Change ☐ Addition
NAME STREET ADDRESS	ORTIZ, TATIANA 14739 GLENCAIRN RD		3.2 NA			
STREET ADDRESS CITY-ST-ZIP	MIAMI LAKES FL			REET ADDRESS Y-ST-ZIP		
TITLE	D	☐ DELETE	4. 1 TrT			Change Addition
NAME	HEDIGER		4.2 NA	AE		- V South 11 1
STREET ADDRESS	2823 OAKBROOK DRIVE		4.3 STR	EET ADDRESS		•
CITY-ST-ZIP	FT LAUDERDALE FL	PTI prieze		Y-ST-ZIP		
TIFLE		☐ DELETE	5. 1 T(T			☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAM 5.3 STR	EE1 ADDRESS		
City-St-ZiP				Y-ST-ZIP		
TITLE		☐ DELETE	6. 1 TIT			☐ Change ☐ Addition
NAMá			6.2 NAM	AE		·

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby cert fy 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 in this annual report or supplemental ennual 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 of 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 of an attachment with an address.

SIGNATURE: SIGNATURE