FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90194 014 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 480021

1. Corporation Name

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

INDUSTRIAL PLASTIC PRODUCTS, INC.

Principal Place of Business		Mailing Address						
14025 NW 58- C		14025 NW 58 COURT						
MIAMI LAKES FL 33014		MIAMI LAKES FL 33014		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			
					07/02/1975			1
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Nu nber	- T	Apı	ied For
21		26	• -,		59-1607680		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			ciditional
22		27			3. Certificate of Status Desired	- -	ee Re	quired
City & S ate		City & State		6. Election Campaign Financing \$5.00 May Be			•	
23		28	3.46		Trust Fund Contribution		dded to	Fees
Zip	Country	Zip	Countr า	У	8. This corporation owes the current year	Intangibie		[]No
24	25	29 30]		Personal Property Tax. 10. Name and Address of New Register			
	9. Name and Address of Curren	Registered Agent	81	Name		a Agent		
DEN	NISON, JOHN							
	O NW 67TH AVE		82	Street	Acdress (P.O. Box Number is Not Acceptable)			
SUIT	E 200		83	3				
MIAN	AI LAKES FL 33014			ļ				
			84	City	F	85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	/e-named	corporation submits this statement for the purpose	of chang	ing its	registered
office cr n	egistered agent, or both, in the State of familiar with, and accept the obligation	्रf Florida. Such change was auth	orized by	/ the corp	ooration's board of directors. I hereby accept the ap	r ointment	as reg	stered
_	in raminar with, and accept the obligation	, one of, decitor, our local, i final		- ,				
SIGNATUFE	Signature, typed or printed name of registered agen	I and title if applicable. (NOT E. Re	gistered Age	nt signature	required when reinstating) DATE			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	P	☐ DELETE	1,1 TITLE		1	Псн	hange	Addition
NAME	THORNE, VERONIKA		1.2 NAME					
STREET ADDRESS	2625 SEA ISLAND DR		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-	ST-ZIP				- Addition
TITLE	CEO	☐ DELETE	2.1 TITLE			Ц	hange	Addition
NAME	THORNE, GEORGE		2.2 NAME					
STREET ADDRESS	2625 SEA ISLAND DR		•	ET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL	Design	2. 4 CITY-	ST-ZIP	7.7.			Addition
TITLE	VP	☐ DELETE	3.1 TITLE		VP/ST		latige	
NAME	ORTIZ, TATIANA 14025 NW 58TH CT		3.2 NAME					
STREET ADDRESS				ET ADDRESS	3			
CITY-ST-ZIP	MIAMI LAKES FL 33014 ST	DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP			hange	Addition
TITLE	HEDIGER, VALERIE	C Deterie	4. 2 NAME	:	D	7		
NAME	2823 OAKBROOK DRIVE			- Et address				
STREET ADDRESS	FT LAUDERDALE FL		44 CITY-		'			
CITY-ST-ZIP TITLE	1 1 DIODENDIALE 1 E	☐ DELETE	5.1 TITLE	STYZIF			hange	Addition
NAME		— · -	52 NAME			_	-	
STREET ADDRESS			5.3 STREE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			_] CI	hange	Addition
NAME			6.2 NAME					

63 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of 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 change!, or on an attachment with an address, with all other like empowered.