

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90121 025 \*\*\*150.00

DOCUMENT # 518858

1. Corporation Name

PLASTDESIGN PRODUCTS, INC.



Principal Place of Business

Mailing Address

3630-A REESE AVE.  
RIVIERA BEACH FL 33404  
US

P.O. BPX 9997  
RIVIERA BEACH FL 33419  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1976

4. FEI Number

59-1709136

Applied For

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMMOND, MICHAEL K.  
3630 A. REESE AVE.  
RIVIERA BEACH FL 33404

81 Name

Francine R. Hammond

82 Street Address (P.O. Box Number is Not Acceptable)

12333 Hillman Drive

83

Lake Park

84 City

FL

85

Zip Code  
33410

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

*Francine R. Hammond*  
Signature, typed or printed name of registered agent and title if applicable.

President

2/10/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HAMMOND, MICHAEL K.  
STREET ADDRESS 12233 HILLMAN DRIVE  
CITY-ST-ZIP LAKE PARK FL

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PD  
Francine R. Hammond  
12333 Hillman Drive  
Lake Park FL 33410

Change

Addition

TITLE ST  
NAME HAMMOND, FRANCINE R.  
STREET ADDRESS 12333 HILLMAN DR.  
CITY-ST-ZIP LAKE PARK FL

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change

Addition

TITLE VP  
NAME FARR, KIRK D  
STREET ADDRESS 6104 STRAWBERRY LAKES CIR  
CITY-ST-ZIP LAKE WORTH FL

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

ST  
Thomas J. Dalkin  
5048 SE Alicia Street  
Stuart, FL 34997

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change

Addition

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, with all other like empowered.

SIGNATURE:

*Kirk D. Farr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-99

Date

(561)845-0808

Daytime Phone #

CR2E034 (11/98)