


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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90011 023 ***150.00

0222127

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 591165					
1. Corporation Name PATE PLASTICS, INCORPORATED					
Principal Place of Business 360 N.W. 71ST STREET MIAMI FL 33150			Mailing Address 360 N.W. 71ST STREET MIAMI FL 33150		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/25/1978	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1882448	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PATE, JOSEPH B. 15800 SW 88 CT MIAMI, FL 33157			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	PATE, JOSEPH B				
STREET ADDRESS	15800 SW 88 CT				
CITY-ST-ZIP	MIAMI, FL 00000				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	PATE, BARBARA				
STREET ADDRESS	15800 SW 88 CT				
CITY-ST-ZIP	MIAMI FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
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NAME					
STREET ADDRESS					
CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE: *Barbara Pate* (Barbara Pate)

4-27-99 305-754-0896

CR2E034 (11/98)