## 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

	CNIT #		405
DOCUM	CIN I #	านา	165
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<ol> <li>Corporation N</li> </ol>	ame	-	

PATE PLASTICS, INCORPORATED

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

05-03-1999 90011 023 \*\*\*150.00



) N.W. 71ST STREET AMI FL 33150		DO NOT WRITE IN TI	HIS SPACE
AMI FL 33150-		DO NOT WRITE IN TI	HIS SPACE
•		3. Date Incorporated or Qualifed 10/25/1978	
Mailing Address		4. FEI Number	· Applied For
		59-1882448	Not Applicable
Suite, Apt. #, etc.	<del></del> -	5. Certifcate of Status Desired	**\$8.75 Additional -
City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		8. This corporation owes the current year	
30		Personal Property Tax.	☐ Yes ☐ No
tered Agent		10. Name and Address of New Register	ed Agent
8	1 Name	·	
82	2 Street Addre	ess (P.O. Box Number is Not Acceptable)	*
8:	3		
8-	4 City		Zip Code
	Suite, Apt. #, etc.  City & State  Zip Count 30  tered Agent 8 8 8 07.1508. Florida Statutes, the abo	Suite, Apt. #, etc.  City & State  Zip	Suite, Apt. #, etc.  5. Certifcate of Status Desired  City & State  6. Election Campaign Financing Trust Fund Contribution  Zip  Country  8. This corporation owes the current year Personal Property Tax.  tered Agent  10. Name and Address of New Register  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83

**SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ Addition DELETE 1.1 TITLE TITLE PATE, JOSEPH B NAME 1.2 NAME 15800 SW 88 CT STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 2.1 TITLE PATE, BARBARA 2.2 NAME NAME 15800 SW 88 CT STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE 1. 3661 6.2 NAME NAME 2.5 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 chapsed, or on an attachment with an address, with all other like empowered.

CR2E034 (11/98)