

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  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90020 044 \*\*\*158.75

DOCUMENT # 616664

1. Corporation Name

NINA PLASTIC BAGS, INC.

Principal Place of Business

7549 BROKERAGE DRIVE W  
ORLANDO FL 32809  
US

Mailing Address

P.O. BOX 589433  
ORLANDO FL 32859-3433  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1979

4. FEI Number

59-1914739

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

2. Principal Place of Business

2a. Mailing Address

21 7549 BROKERAGE DR.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHARMA, SARDARI L.  
6124 DONEGAL DRIVE  
ORLANDO FL 32819

81 Name WARREN McMILLEN, JR.

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

225 S. SNOOPE AVE. STE. 105

83

84 City MAITLAND

FL

85 Zip Code 32751-5786

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]*  
Signature, typed or printed name of registered agent and title if applicable

C.P.A.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE

NAME SHARMA, SARDARI L.  
STREET ADDRESS 6124 DONEGAL DR.  
CITY-ST-ZIP ORLANDO FL

TITLE DTS ☐ DELETE

NAME SHARMA, MAUREEN  
STREET ADDRESS 6124 DONEGAL DR  
CITY-ST-ZIP ORLANDO FL 32819

TITLE V ☐ DELETE

NAME SHARMA-SERROS, NINA  
STREET ADDRESS 13522 HERON CAY CT.  
CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

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☐ 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)(l), 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/99 407-851-6620

CR2E034 (11/98)

0107584