

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

FILED

Jan 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 810633 (8)**  
1. Corporation Name  
**POLYPLASTEX UNITED, INC.**



Principal Place of Business <b>3671 N 131 AVE CLEARWATER FL 34622 US</b>	Mailing Address <b>3671 N 131 AVE CLEARWATER FL 34622 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>11/17/1955</b>	
		4. FEI Number <b>22-1589361</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>PESKIN, DENNIS 222 DOGWOOD TRACE TARPON SPRINGS FL 34689</b>				10. Name and Address of New Registered Agent <b>81 Name PESKIN, SIDNEY F. 82 Street Address (P.O. Box Number is Not Acceptable) 8012 Buttonwood Circle 83 84 City Tamarac FL 85 Zip Code 33321</b>			
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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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/12/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>PT DC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PESKIN, DENNIS</b>			1.2 NAME	<b>Peskin, Sidney F.</b>		
STREET ADDRESS	<b>222 DOGWOOD TRACE</b>			1.3 STREET ADDRESS	<b>8012 Buttonwood Circle</b>		
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>			1.4 CITY-ST-ZIP	<b>Tamarac, FL. 33321</b>		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RICHARDS, PAMELA</b>			2.2 NAME	<b>Eryka L. Peskin</b>		
STREET ADDRESS	<b>8085 93RD STREET NORTH</b>			2.3 STREET ADDRESS	<b>222 Dogwood Trace</b>		
CITY-ST-ZIP	<b>SEMINOLE FL</b>			2.4 CITY-ST-ZIP	<b>Tarpon springs, FL 34689</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<b>DS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WATERS, JACK</b>			3.2 NAME	<b>Regina Romag</b>		
STREET ADDRESS	<b>9504 SOUTHERN BELLE DR</b>			3.3 STREET ADDRESS	<b>2312 Pembroke Drive</b>		
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>			3.4 CITY-ST-ZIP	<b>Clearwater, FL. 34622</b>		
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MEDJUCK, TOMI L</b>			4.2 NAME			
STREET ADDRESS	<b>8734 - 109TH AVE NORTH</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>LARGO FL</b>			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 changed, or on an attachment with an address.

SIGNATURE:

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

**1/13/98 9547 722-8438**

CR2E034 (10/97)