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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90058 024 ***150.00

	1999	- TO TO THE TO T	DIVISION OF CO	RPORAT	IONS	02-24-1999 90058 024 ***150.00		
DOCUMENT # \$10633 1. Corporation Name POLYPLASTEX UNITED, INC.					DEDADTMENT.OF.OTATE			
1121	te of Business 1 69th St. o, FL. 337	N.	ling Address 11211 69th argo, FL. 3		N •			
Us	-,					DO NOT WRITE IN THIS SPACE		
., -						3. Date Incorporated or Qualifed		
2 Principal P	Place of Business	2a.	Mailing Address			11/18/1955 4. FEI Number Applied For		
21 PHINCIPALE	lace of Eddiness	26	Maning 7 tad7000			22-1589361 Not Applicable		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & Star	te		City & State			6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Cour		Zip	Country		8. This corporation owes the current year Intangible		
24	25	29	30)		Personal Property Tax. ☐ Yes ☐ No		
	9. Name and Add	lress of Current Registe	ered Agent	81	1 1	10. Name and Address of New Registered Agent		
	Peskin, Si	idney F.		* '	Name	·		
8012 Buttonwood Circle				82 Street Address (P.O. Box Number is Not Acceptable)				
	Tamarac, FL. 33321				83			
				84	City	FL 85 Zip Code		
11. Pursuant office or ragent. I a	to the provisions of S registered agent, or bo am familiar with, and a	ections 607.0502 and 60 off, in the State of Florida deept the obligations of,	i. Such change was autr Section 607.0505, Florid ~	onzed by a Statutes	the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
40	Signalure, typed or printed ria	one of registered agent and title if one of PICERS AND DIRECT	··-	gistered Ager	nt signature re	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	,		Toks □ DELETE	1.1 TITLE		X Change		
NAME		ina Romag	-	1 2 NAME		DS Regina Peskin		
STREET ADDRESS		embrook Dri		1.3 STREET	ADDRESS	222 Dogwood Trace		
CITY-ST-ZIP	Clearwa	ater, FL. 3	4622 C	1.4 CITY-S	T-ZIP	Tarpon Springs, FL 34689		
TITLE			☐ Dalete	2.1 TITLE		☐ Change ☐ Addition		
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET	ADDRESS	s		
CITY-ST-ZIP				2 4 CITY-S	T-ZIP	☐ Change ☐ Additio		
TITLE			☐ DELETE	3.1 TITLE		☐ Change ☐ Additio		
NAME				3.2 NAME 3.3 STREET	ADODESS			
STREET ADDRESS				34 CITY-S	i	9		
CITY-ST-ZIP TITLE	-		☐ DELETE	4.1 TITLE	.1-21	☐ Change ☐ Additio		
NAME				4.2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS	s		
CITY-ST-ZIP				44 CITY-S	T-ZIP			
TITLE			☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME	!			5.2 NAME		·		
STREET ADDRESS				53 STREET		5		
CITY-ST-ZIP			☐ DÉLETE	5.4 CITY-S' 6.1 TITLE	I - ∠II ²	Change Addition		
TITLE			□ VECETE	6.2 NAME		· Change Dividing		
NAME STREET ADDRESS				6.3 STREET	ADDRESS	s		
STREET ADDRESS CITY-ST-ZIP				6.4 CITY-S				
O111-01-515	1					1		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR