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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

F91913

(6)

PLASTICARD SYSTEMS, INC.

Principal Place of Business

Mailing Address

2917 WEST SR. 434. SUITE 131 LONGWOOD FL 32779 2917 WEST SR. 434. SUITE 131 LONGWOOD FL 32779



				3. Date Incorporated or Qualified 07/26/1982	3a. Date of Last Report 01/18/1995
Principal Place of 34 S.	of Business PARK AVE	2a. Mailing Address 26 34 S. PA	ICK AVE.	4. FEI Number 59-2372899	Applied For Not Applicat
Suite, Apt. #. et		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	A FL	City & State APOPKA	FL	Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
32703		29 32703	Country 30 USA		□No
9	. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New R	<del></del>
BDOCKED	IUAUE B			brocker, Joyce I	
BROCKER, JOYCE B. 2917 WEST SR. 434, SUITE 131			82 Street Address (P.O. Box Number is Not Acceptable) 34 S. PARK AVE		
	OD FL 32779		83	ST S. THAK AVE	<del> </del>
Londing	0012 02:10				
			84 City A	POPKA	FL 85 Zip Code
i. Pursuant to the	e provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-named con	poration submits this statement for the pur	pose of changing its registered of
<ul> <li>or registered a</li> </ul>	igent, or both, in the State of Hor nd accept the obligations of, Sec	nda. Such change was authorize	d by the corporation's b	oard of directors. I hereby accept the appo	bintment as registered agent. I am
	ina assopt the obligations of, acc	Aidir 607,0000, Florida otatutes.			
BNATURE - Sub-	4 in , typical or printed marrie of registerior ager	ic and tide if applicable. [NOTI	Registered Agent signature req	ured when reinstating)	DATE
		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
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rt e	BROCKER, JOYCE B.		1.2 NAME	BROCKER, JOYCE I	<b>B.</b>
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	LONGWOOD FL		1.4.001/ 01 7/0	A A . A . A . A . A . A . A . A . A . A	
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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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96 407-869-4120
Date Deptine Proces 2024