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May 02 1997 8:00am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000001024 (0)

1. Corporation Name

NYLON ENGINEERING RESINS, INC.

Principal Place of Business

12800 UNIVERSITY DR.
SUITE 275
FT MYERS FL 33907

Mailing Address

12800 UNIVERSITY DR.
SUITE 275
FT MYERS FL 33907-5335

3. Date Incorporated or Qualified

12/23/1992

3a. Date of Last Report

06/07/1996

2. Principal Place of Business

21 8250 College Parkway

Suite, Apt. #, etc.

22 Suite 101

City & State

23 Ft. Myers FL

Zip

24 33919

Country

25 U.S.A.

2a. Mailing Address

26 8250 College Parkway

Suite, Apt. #, etc.

27 Suite 101

City & State

28 Ft. Myers, FL

Zip

29 33919

Country

30 U.S.A.

4. FEI Number

65-0206082

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POPOLI, THOMAS E
15492 FIDDLESTICKS BLVD
FT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME POPOLI, THOMAS E
STREET ADDRESS 15492 FIDDLESTICKS BLVD
CITY-ST-ZIP FT MYERS FL 33912

TITLE V ☐ DELETE

NAME POPOLI, JAYE L
STREET ADDRESS 15492 FIDDLESTICKS BLVD
CITY-ST-ZIP FT MYERS FL 33912

TITLE TS ☒ DELETE

NAME PASCALE, ALFRED D
STREET ADDRESS 15580 GREENOCK LANE
CITY-ST-ZIP FT. MYERS FL 33912

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/96

941-482-1100

CR2E034 (9/96)