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

PROFIT CORPORATION ANNUAL REPORT

NYLON ENGINEERING RESINS, INC.



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1997

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

Suite 101

City & State

23 Ft. Myers

33919

21 8250 Callege Parkway

POPOLI, THOMAS E 15492 FIDDLESTICKS BLVD

Country

25

appears in Block 12 or Block 13 if changed

SIGNATURE:

U.S.A

9. Name and Address of Current Registered Agent

12800 UNIVERSITY DR.

SUITE 275 FT MYERS FL 33907

DIVISION OF CORPORATIONS DOCUMENT # **F9200001024**

> Mailing Address 12000 UNIVERSITY DR.

FT MYERS FL 33907-5335

28. Mailing Address
26 8250 College

Sulte, Apt. #, etc.

City & State

33919

Zip

Suite 101

Ft. Myers

FL

30

Country

U.S.A

81 Name

82

SUITE 275

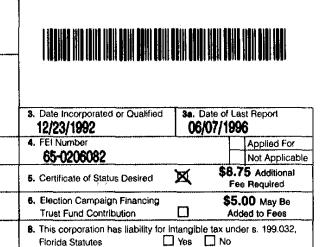
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FILED

May 02 1997 8:00am Secretary of State



(96/6)

Name and Address of New Registered Agent

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

FT MYERS FL 33912 83 City 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or ponted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition Addition DELETE 1.1 TITLE TITLE POPOLI, THOMAS E 1.2 NAME NAME 15492 FIDDLESTICKS BLVD STREET ADDRESS 1.3 STREET ADORESS FT MYERS FL 33912 CITY ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change 2.1 TITLE THE NAME POPOLI, JAYE L 2.2 NAME 15492 FIDDLESTICKS BLVD 2.3 STREET ADDRESS STREET ADDRESS FT MYERS FL 33912 2.4 CITY-ST-ZIP (11Y-SI DELETE Change Addition 100 3.1 TITLE PASCALE, ALFRED D NAME 3.2 NAME 15560 GREENOCK LANE 3.3 STREET ADDRESS SURFEET ADDINESS FT. MYERS FL 33912 3.4. CITY-ST-ZIP CH1Y - ST - 21F DELETE Change Addition THILE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-SY-ZIP City-St-7/9 DELETE 5.1 TITLE Change Addition THUE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP C(TY-S1-7)P DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CHY-ST ZIP 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

an attachment with an address.