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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F93000003668

Principal Place of Business

**NEW AGE PLASTIC RECYCLERS INCORPORATED** 

RD	STE 100	NO						
STE 100 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064					DO NOT WRITE IN THIS SPACE			
S US					3. Date Incorporated or Qualifed 08/12/1993			
ce of Business	2a. Mailing Addr	ress			4. FEI Number			pplied For
oc or Easiness					38-2959142			lot Applicable
, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired			Additional Required
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		30				Registered A	Δ	
9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New 1	.og.oto.ou		
SESKIN, NATHAN 2222 N. CYPRESS BEND #304			Ľ	Ivanic				
			82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
POMPANO BEACH FL 33069								
			84	City		FL	85 Zip	Code
familiar with, and accept the obli	igations of, Section 607.	.0505, Fiorida St	awes			DATE		
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18915 LA COSTA LANE		2.3	2 NAME 3 STREET	T ADDRESS		-	Change	e ∐ Addition (
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	ce of Business etc.  Country  25  9. Name and Address of Curr  N, NATHAN N. CYPRESS BEND #304 ANO BEACH FL 33069  the provisions of Sections 607.0 istered agent, or both, in the Sta familiar with, and accept the obligature, typed or printed name of registered agentary.	the provisions of Sections 607.0502 and 607.1508, Flor istered agent, or both, in the State of Florida. Such charfamiliar with, and accept the obligations of, Section 607.0502 and title if applicable.  OFFICERS AND DIRECTORS  POMPANO BEACH  2a. Mailing Addr.  2b. Suite, Apt. #  27  City & State  28  Country  Zip  29  9. Name and Address of Current Registered Agent  N. NATHAN  N. CYPRESS BEND #304  ANO BEACH FL 33069  the provisions of Sections 607.0502 and 607.1508, Flor istered agent, or both, in the State of Florida. Such charfamiliar with, and accept the obligations of, Section 607.  OFFICERS AND DIRECTORS  PD  SESKIN, SANFORD  17032 NORTHWAY CR  BOCA RATON FL	POMPANO BEACH FL 33064 US  The of Business  The position of Business  The provisions of Sections 607.0502 and 607.1508, Florida Statutes, the instered agent, or both, in the State of Florida. Such change was authorized familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the instered agent, or both, in the State of Florida. Such change was authorized familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the instered agent, or both, in the State of Florida. Such change was authorized familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the instered agent and title if applicable.  OFFICERS AND DIRECTORS  The position of Sections 607.0502 and 607.1508, Florida Statutes, the instered agent, or both, in the State of Florida. 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OFFICERS AND DIRECTORS  The position of Sections 607.0505 and 607.1508, Florida Statutes, the instered agent and title if applicable.	POMPANO BEACH FL 33064 US  Pompano Beach FL 33064  Pompano Beach F	POMPANO BEACH FL 33064 US  2a. Mailing Address 26 etc. Suite, Apt. #, etc. 27  City & State 28  Country Zip Country 25 29 30  9. Name and Address of Current Registered Agent N, NATHAN A. CYPRESS BEND #304 ANO BEACH FL 33069  81 Name 82 Street Add 83 Street Add ANO BEACH FL 33069  84 City  the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corruistered agent, or both, in the State of Florida. Such change was authorized by the corporatifermiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  OFFICERS AND DIRECTORS 13.  PD SESKIN, SANFORD 17032 NORTHWAY CR 1.3 STREET ADDRESS	POMPANO BEACH FL 33064 US  2.a. Mailing Address 2.b. Mailing Address 2.c. Suite, Apt. #, etc. 2.c. Suite, Apt. #, etc. 2.c. City & State 2.c. City & State 2.c. Country 2.c. Name and Address of Current Registered Agent 3.c. Name and Address of New F  N. NATHAN 3.c. CYPRESS BEND #304 3. Name 3. Street Address (P.O. Box Number is Not Accepte 3.c. City 3. City 3. City 3. City 4. Fell Number 4. Fell Number 4. Fell Number 4. This reportance of New F  8. This corporation owes the current For New F  8. This corporation were the current For New F  8. This corporation owes the current For New F  8. This corporation owes the current For New F  8. This corporation owes the current For New F  8. This corporation owes the current For New F  8. This corporation owes the current For New F  8. This corporation owes the current For New F  8. This corporation owes the current For New F  8. This corporation owes the current For New F  8. This corporation owes the current For New F  8. This corporation owes the current For New F  8. This corporation owes the current For New F  9. Name and Address of New F  8. This corporation owes the current For New F  9. 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14. I hereby certify that the information supplied with this filing opes 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 suppliemental 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 empty ered 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.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90058 041 \*\*\*150.00