

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000003158 (2)**

1. Corporation Name

COMMERCIAL PLASTICS & SUPPLY CO., INC.



Principal Place of Business

**90-31 JAMAICA AVE
RICHMOND HILL NY 11418**

Mailing Address

**1001 NW 163RD DRIVE
STE. 1
MIAMI FL 33169
US**

2. Principal Place of Business

21 State Apt. # etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State Apt. # etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**HAHN, WILLIAM
% COMMERCIAL PLASTICS & SUPPLY CORP.
1001 NW 163RD DR.
MIAMI FL 33169**

3. Date Incorporated or Qualified

06/16/1994

3a. Date of Last Report

05/01/1995

4. FET Number

22-1821507

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

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 617.01(2)(a) and 607.01(5)(b), 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 607.01(5)(b), Florida Statutes.

SIGNATURE

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY, STATE, ZIP

12.4 NAME

12.5 STREET ADDRESS

12.6 CITY, STATE, ZIP

12.7 NAME

12.8 STREET ADDRESS

12.9 CITY, STATE, ZIP

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY, STATE, ZIP

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY, STATE, ZIP

12.16 NAME

12.17 STREET ADDRESS

12.18 CITY, STATE, ZIP

12.19 NAME

12.20 STREET ADDRESS

12.21 CITY, STATE, ZIP

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY, STATE, ZIP

12.25 NAME

12.26 STREET ADDRESS

12.27 CITY, STATE, ZIP

12.28 NAME

12.29 STREET ADDRESS

12.30 CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME ☐ Change ☐ Addition

13.2 STREET ADDRESS

13.3 CITY, STATE, ZIP ☐ Change ☐ Addition

13.4 NAME

13.5 STREET ADDRESS

13.6 CITY, STATE, ZIP ☐ Change ☐ Addition

13.7 NAME

13.8 STREET ADDRESS

13.9 CITY, STATE, ZIP ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, STATE, ZIP ☐ Change ☐ Addition

13.13 NAME

13.14 STREET ADDRESS

13.15 CITY, STATE, ZIP ☐ Change ☐ Addition

13.16 NAME

13.17 STREET ADDRESS

13.18 CITY, STATE, ZIP ☐ Change ☐ Addition

13.19 NAME

13.20 STREET ADDRESS

13.21 CITY, STATE, ZIP ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, STATE, ZIP ☐ Change ☐ Addition

13.25 NAME

13.26 STREET ADDRESS

13.27 CITY, STATE, ZIP ☐ Change ☐ Addition

13.28 NAME

13.29 STREET ADDRESS

13.30 CITY, STATE, ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, or the receiver or transfer empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 in change type on an attached sheet with an address.

SIGNATURE: X

Timothy M. Ring **Timothy M. RING**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X **2-9-96**

Signature of Treasurer

CR2E034 (12/95)