

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90274 004 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G04764

1. Corporation Name
AMERICAN INDUSTRIAL PLASTICS, INC.

Principal Place of Business	Mailing Address
724 FENTRESS BLVD. DAYTONA BCH FL 32114	724 FENTRESS BLVD. DAYTONA BCH FL 32114



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/18/1982

4. FEI Number
59-2243543

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 owes the current year Intangible Personal Property Tax. Yes No

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip Country	29. Zip Country
25.	30.

9. Name and Address of Current Registered Agent

WELLS, SYLVAN
618 NORTH WILD OLIVE AVENUE
DAYTONA BEACH FL 32018

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, J GREGORY	
STREET ADDRESS	11 MAGNOLIA LN	
CITY-ST-ZIP	ORMOND BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARROZZA, ROBERT	
STREET ADDRESS	19 OAKWOOD PARK	
CITY-ST-ZIP	ORMOND BCH. FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WILLIS, GEORGE D	
STREET ADDRESS	110 OAK LANE	
CITY-ST-ZIP	ORMOND BCH, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WILLIS, KONNIE B.	
STREET ADDRESS	110 OAK LANE	
CITY-ST-ZIP	ORMOND BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3966 Acoma Drive
2.3 STREET ADDRESS	Ormond Beach, FL 32174
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	23 Tomoka Cove Way
3.3 STREET ADDRESS	Ormond Beach, FL 32174
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	23 Tomoka Cove Way
4.3 STREET ADDRESS	Ormond Beach, FL 32174
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Konnie B. Willis* Konnie B. Willis 4/20/99 904-274-5335
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)