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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

G27599

(1)

PLASCO, INC.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 16151 NW 57TH AVE. 16151 NW 57TH AVE. MIAMI LAKES FL 33014-6707 MIAMI LAKES FL 33016-6707 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/10/1983 2. Principal Place of Business 4. FEI Number 2s. Mailing Address Applied For 59-2272597 21 Not Applicable Sulte. Apr. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip 2m8. This corporation owes or has paid the current year Intangible □ No 24 Yes 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MENDELSON, GEORGE R 16151 N.W. 57TH AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAM! LAKES FL 33014-6707 83 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 pentild name of registered agent and title diapplicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13 DELETE Change Addition TITLE 1.1 TITLE MENDELSON, GEORGE NAME 1.2 NAME 16151 NW 57TH AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change 4.1 TITLE ... Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby 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 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 employeered by 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 advantage of the corporation of the corporation or the receiver or trustee employeered by 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 advantage of the corporation of the corporation or the receiver or trustee employeered by Execute this report as required by Chapter 607, Florida Statutes.

Change

☐ Addition

FILED

May 05 1998 8:00am

Secretary of State