

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

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95 APR -7 AM 5:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H62348 (8)

1. Corporation Name
PLASTIC SALES OF FLORIDA, INC.

Principal Place of Business 1993 COUNTY ROAD 1 DUNEDIN FL 34698	Mailing Address 1993 COUNTY ROAD 1 DUNEDIN FL 34698
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/13/1985	3a. Date of Last Report 04/14/1994
4. FEI Number 59-2542551	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
SOROTA AND ZSCHAU P.A. 28050 U.S. 19 N. SUITE 501 SUITE A CLEARWATER FL 34621		B1	Name	
		B2	Street Address (P.O. Box Number is Not Acceptable)	
		B3		
		B4	City	FL

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 _____ DATE _____
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONATI, WILLIAM C.	1.2 NAME	
STREET ADDRESS	1550 RIDGE TOP DR.	1.3 STREET ADDRESS	
CITY ST ZIP	TARPON SPRINGS FL	1.4 CITY ST ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESMITH, A. THOMAS	2.2 NAME	
STREET ADDRESS	5372 BLACK PINE DR.	2.3 STREET ADDRESS	
CITY ST ZIP	TMAPA FL	2.4 CITY ST ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONATI, EMILIE A.	3.2 NAME	
STREET ADDRESS	1550 RIDGE TOP DR.	3.3 STREET ADDRESS	
CITY ST ZIP	TARPON SPRINGS FL	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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 110.07(9)(k), 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 my name appears in Block 12 or Block 13 if changed, or on an amendment with an addition.

SIGNATURE: *Emilie A. Donati* 4.5 95 8/3 753 7000
 SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR
 EMILIE A. DONATI