

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0017687

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90003 044 \*\*\*550.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # H61847**  
 1. Corporation Name  
**FORTUNE PLASTICS OF FLORIDA, INC.**



Principal Place of Business: 6 BERNARD C. O'NEILL, JR. 1580 RYLAND CT ORLANDO FL 32824-7617  
 Mailing Address: 11580 RYLAND COURT ORLANDO FL 32824-7617 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1 Suite, Apt. #, etc. City & State Zip Country  
 2a. Mailing Address: 26 Suite, Apt. #, etc. City & State Zip Country

3. Date Incorporated or Qualified: 06/12/1985  
 4. FEI Number: 58-1636129 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 owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent  
 O'NEILL, BERNARD C JR  
 200 E. ROBINSON ST., SUITE 865  
 ORLANDO FL 32801

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

I, 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS  
 DE  
 4E LUND, HENRY  DELETE  
 325 CHESTNUT ST SUITE 90 PHILADELPHIA PA  
 DE  
 4E DUHIG, JOHN P  DELETE  
 WILLIAMS LN. PO BOX 637 OLD SAYBROOK CT  
 DE  
 4E BRILBEY, JAMES M  DELETE  
 1115 WESTON DR. MT. JULIET TN  
 DE  
 4E HOGAN, PAUL  DELETE  
 325 CHESTNUT ST PHILADELPHIA PA  
 DE  
 4E OVP Norbert McDermott  DELETE  
 DE  
 4E  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP  
 2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP  
 3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
 4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  
 5.1 TITLE  Change  Addition  
 5.2 NAME: OVP Norbert McDermott  
 5.3 STREET ADDRESS: 325 Chestnut Street  
 5.4 CITY-ST-ZIP: Philadelphia PA  
 6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

CR2E034 (5/99)

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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #