

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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H80766** (9)
1. Corporation Name
ENTEC POLYMERS, INC.



Principal Place of Business 12680 WORLD PLAZA LANE FT. MYERS FL 33907 US	Mailing Address 12680 WORLD PLAZA LANE FT. MYERS FL 33907 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2301 MAITLAND CTR. PKWY. Suite, Apt. #, etc. 22 #240 City & State 23 MAITLAND, FL Zip 24 32751		2a. Mailing Address 26 2301 MAITLAND CTR. PKWY. Suite, Apt. #, etc. 27 #240 City & State 28 MAITLAND, FL Zip 29 32751		3. Date Incorporated or Qualified 10/15/1985	
25 USA		30 USA		4. FEI Number 59-2616228 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ASHTON, JAMES P.
12680 WORLD PLAZA LANE
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name ASHTON, JAMES P.
82 Street Address (P.O. Box Number is Not Acceptable) 2301 MAITLAND CTR. PKWY
83 #240
84 City MAITLAND
85 Zip Code FL 32751

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 *James P. Ashton* **JAMES P. ASHTON** **1-8-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DER HAGOPIAN, DAVID	1.2 NAME	
STREET ADDRESS	12680 WORLD PLAZA LANE	1.3 STREET ADDRESS	2301 MAITLAND CTR. PKWY. #240
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASSBERG, EDWARD	2.2 NAME	
STREET ADDRESS	12680 WORLD PLAZA LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUPLIS, W. JOHN	3.2 NAME	
STREET ADDRESS	12680 WORLD PLAZA LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, KENNETH	4.2 NAME	
STREET ADDRESS	12680 WORLD PLAZA LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHTON, JAMES P.	5.2 NAME	
STREET ADDRESS	12680 WORLD PLAZA LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	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 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 *James P. Ashton* **JAMES P. ASHTON** **1-8-98** **407-875-0595**

CR2E034 (10/97)