

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J11521 (8)

1. Corporation Name

PLASTIGONE TECHNOLOGIES, INC.



Principal Place of Business

2814 SOUTH STREET
FT. MYERS FL 33916
US

Mailing Address

2814 SOUTH STREET
FT. MYERS FL 33916
US

3. Date Incorporated or Qualified
04/24/1986

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2712878

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

21. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIGH, JERRY
2814 SOUTH STREET
FT. MYERS FL 33916

81 Name RON DAVIS
82 Street Address (P.O. Box Number is acceptable) 2814 SOUTH ST
83 FT MYERS FL 33916
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

Ron Davis

5-8-96

Signature of Current Registered Agent (Print Name and Title)

Signature of New Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME HARPAZ, AVI
STREET ADDRESS 2814 SOUTH STREET
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE PD
NAME DAVIS, RON
STREET ADDRESS 2814 SOUTH STREET
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE D
NAME HAUSMAN, BRUCE
STREET ADDRESS 2814 SOUTH STREET
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE D
NAME GORDON, HOWARD
STREET ADDRESS 2814 SOUTH STREET
CITY-ST-ZIP FT. MYERS FL ☐ DELETE

TITLE VP
NAME HIEB, JERRY
STREET ADDRESS 2814 SOUTH STREET
CITY-ST-ZIP FT. MYERS FL ☒ DELETE

TITLE S
NAME GINNY HUKING
STREET ADDRESS 2814 SOUTH ST
CITY-ST-ZIP FT MYERS, FL 33916 ☐ 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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 119.07(3)(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 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:

Ginny Huking
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Daytime Phone #

CR2E034 (12/95)