

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J12612** (4)
1. Corporation Name
SPECIALTY PLASTIC ASSOCIATES, INC.



Principal Place of Business 3145 HWY 92 EAST LAKELAND FL 33801 US	Mailing Address 3033 MERCY DR ORLANDO FL 32808-3113 US
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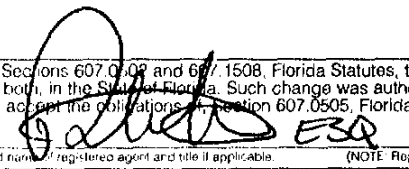
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/05/1986	3a. Date of Last Report 05/20/1986
4. FEI Number 59-2680867	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

9. Name and Address of Current Registered Agent
**EDGAR, CANDICE B.
3033 MERCY DR
ORLANDO FL 32808**

10. Name and Address of New Registered Agent
81 Name **Paul W. Moses II**
82 Street Address (P.O. Box Number is Not Acceptable)
Maguire, Voorhis & Wells, P.A.
83 **Two South Orange Plaza**
84 City **Orlando** 85 Zip Code **FL 32802**

11. Pursuant to the provisions of Sections 607.0109 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  **Paul W. Moses II** DATE **4/23/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOEBLER, DONALD W.		1.2 NAME	
STREET ADDRESS 3033 MERCY DR		1.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE VST	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EDGAR, CANDICE B.		2.2 NAME	
STREET ADDRESS 3033 MERCY DR		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, FL 32808
TITLE V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARDER, GARY R		3.2 NAME	
STREET ADDRESS 3033 MERCY DR		3.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOEBLER, DAVID R		4.2 NAME	
STREET ADDRESS 3033 MERCY DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		4.4 CITY-ST-ZIP	Orlando, FL 32808
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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:  **Candice B. Edgar** DATE **4-16-97** (407) 297-0141

CR2E034 (9/96)