

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

93 MAR 12 PM 3:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # J14633 (8)**  
 1. Corporation Name  
**POLYGLYCOAT INTERNATIONAL, INC.**

Principal Place of Business  
**252 HAWTHORNE AVE YONKERS NY 10705**

21	2a	26	27	28	29	30
Principal Place of Business	Mailing Address	Street Address	City & State	City & State	Zip	Country
Suite, Apt. #, etc	Suite, Apt. #, etc					
Country	Country					

**9. Name and Address of Current Registered Agent**

**BOLWELL, EDWARD J**  
**515 NORTH FLAGLER DRIVE**  
**15TH FLOOR**  
**WEST PALM BEACH FL 33401-4321**

81	Name
82	Street Address (P.O. Box Numbers Not Acceptable)
83	City
84	State
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**

**12. OFFICERS AND DIRECTORS**

TITLE	DPT	[ ] DELETE
NAME	BOLWELL, SR., EDWARD	
STREET ADDRESS	515 NORTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DVS	[ ] DELETE
NAME	BOLWELL, JR., EDWARD	
STREET ADDRESS	515 NORTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	[ ] DELETE
NAME	SANDLER, MARTIN L	
STREET ADDRESS	444 BRICKELL, STE. 900	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	[ ] DELETE
NAME	BAKST, DANIEL L	
STREET ADDRESS	515 NORTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11	TITLE	[ ] Change	[ ] Addition
12	NAME		
13	STREET ADDRESS		
14	CITY-ST-ZIP		
21	TITLE	[ ] Change	[ ] Addition
22	NAME		
23	STREET ADDRESS		
24	CITY-ST-ZIP		
31	TITLE	[ ] Change	[ ] Addition
32	NAME		
33	STREET ADDRESS		
34	CITY-ST-ZIP		
41	TITLE	[ ] Change	[ ] Addition
42	NAME		
43	STREET ADDRESS		
44	CITY-ST-ZIP		
51	TITLE	[ ] Change	[ ] Addition
52	NAME		
53	STREET ADDRESS		
54	CITY-ST-ZIP		
61	TITLE	[ ] Change	[ ] Addition
62	NAME		
63	STREET ADDRESS		
64	CITY-ST-ZIP		

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 -03/23/99-01009-012  
 \*\*\*\*150.00 [ ] \*\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, with all other like empowered

**SIGNATURE:** **Edward Bolwell Jr.** 3/10/99 305-655-4500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Year

CR2E034 (11/98)