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

DOCUMENT # K04452

Corporation Name

FLEXIBLES INTERNATIONAL, INC.

Principal Place of Business

3681 NORTHWEST FOURTH COURT BOCA RATON FL 33431 Mailing Address

3681 NORTHWEST FOURTH COURT

BOCA RATON FL 33431

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90002 049 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

11/30/1987

												
Principal P	lace of Business	2a. Mailing Address					4. FEI Number			<u> </u>	Appl	ied For
· ·							65-0017586				Not:	Applicable_
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 Cardifacto of Status	Desired		\$8.7	'5 Ad	ditional
22		27					5. Certificate of Status	Desired D		Fee	Req	uired
City & Stat	9	1	City & State				6. Election Campaign	Financind -		\$5.	00 M	lay Be
23	28			,			Trust Fund Contribu				led to	• ,
Zip	Country					country 8. This corporation owes the current year Intang						
24	25	29	30	_	•		Personal Property T	•		Yes	Z	KNo
	9. Name and Address of Current I	1=-,1 .		<u>"—</u>			10. Name and Address		tered A	aent		
-	3. Hallo alla Page de dell'alla	itog.o	- (/		81	Name						
PATTERSON, LAWRENCE R.							·					
3010 SOUTH THIRD STREET, SUITE A					82 Street Address (P.O. Box Number is Not Acceptable)							ĺ
JACKSONVILLE BEACH FL 32250											-	
UACI	NOOTHILLE BLACTITE 02250			İ	83		•	•				
				1	84	City			 -	85 2	Zip Co	de
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office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of the stat	Florid ons of,	la. Such change was auth Section 607.0505, Florida	orized a Statu	by fites.	the corporation	n's board of directors. I he	reby accept the	ose of o	changing tment a	g its regi	egistered stered
12.	OFFICERS AND			13.			ADDITIONS/CHANGI	ES TO OFFICE	RS AN	DIRE	CTOR	S IN 12
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	HOUGGY, DENNIS			1.2 NAME							5	_
NAME						,	•	*				
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CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP								
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NAME				6.2 NA	ΜE	-						1
STREET ADDRESS			Į	6.3 STI	REET.	ADDRESS (1
SINCE I ADDRESS												

14. I hereby certify that the information supplied with this filling 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 edeiver 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 appear with an address, with all other like empowered.

SIGNATURE:

500 EDENNIS HOUGGY april 28,1999 561-3913709

R2E034 (11/98)