FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:17

DOCUMENT # K05400 (2)

1. Corporation Name
PALM BEACH PLASTICS, INC.

Principal Place of Business	Mailing Address
400A ROYAL COMMERCE RD ROYAL PALM BCH. FL 33411-4687	400A ROYAL COMMERCE RD ROYAL PALM BCH. FL 33411-4687

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/07/1987	3a. Date of Last Report: 03/17/1994
4. FEI Number: 65-0015221	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ULLIMAN, PAUL R.
400 A ROYAL COMMERCE RD.
ROYAL PALM BEACH FL 33411-4639

10. Name and Address of New Registered Agent

81 Name: CHARLENE BLOUGH
82 Street Address (P.O. Box Number is Not Acceptable): 6879 N.W. 27TH COURT
83
84 City: MARGATE FL 85 Zip Code: 33063

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: Charlene Blough — 2/20/95
Signature, typed or printed name of registered agent and the date signed (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE	DPT	☒ Change ☐ Addition
NAME	ULLIMAN, PAUL R.	12 NAME	ULLIMAN, PAUL R.	
STREET ADDRESS	12764 GUILFORD CIR.	13 STREET ADDRESS	83 STAGECOACH RD.	
CITY-ST-ZIP	W PALM BEACH FL	14 CITY ST ZIP	AVON, CT 06001	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	GARRISON, WILLIAM R	22 NAME		
STREET ADDRESS	360 WEST ST	23 STREET ADDRESS		
CITY-ST-ZIP	HEBRON CT	24 CITY ST ZIP		
TITLE	DAS	31 TITLE	DAS	☒ Change ☐ Addition
NAME	ULLIMAN, MARGUERITE	32 NAME	ULLIMAN, MARGUERITE A.	
STREET ADDRESS	12764 GUILFORD CIR	33 STREET ADDRESS	83 STAGECOACH RD.	
CITY-ST-ZIP	W. PALM BCH. FL	34 CITY ST ZIP	AVON, CT 06001	
TITLE		41 TITLE	VPAT	☐ Change ☒ Addition
NAME		42 NAME	BLOUGH, CHARLENE	
STREET ADDRESS		43 STREET ADDRESS	6879 N.W. 27TH CT.	
CITY ST ZIP		44 CITY ST ZIP	MARGATE, FL 33063	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: Paul R. Ulliman — 2/20/95 — (407) 798-8378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PAUL R. ULLIMAN

0951130 CP