

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 # **K54370** (7)

1. Corporation Name

THE PLASTIC PEOPLE, INC.



Principal Place of Business

**1820 NORTHEAST 150TH STREET
NORTH MIAMI FL 33181**

Mailing Address

**1820 NORTHEAST 150TH STREET
NORTH MIAMI FL 33181**

3. Date Incorporated or Qualified

12/28/1988

3a. Date of Last Report

03/21/1995

4. FEI Number

65-0101287

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROTH, STEVEN M.
2020 NE 163 STREET
SUITE 300
NORTH MIAMI BEACH FL 33162**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

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

(Signature typed or printed name of registered agent and state if acceptable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	FELDMAN, ANN	1820 NE 150TH ST.	NORTH MIAMI FL	<input type="checkbox"/>
DV	FELDMAN, STEVEN	1820 NE 150TH ST.	NORTH MIAMI FL	<input type="checkbox"/>
DS	FELDMAN, SHERI	1820 NE 150TH ST.	NORTH MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. CHANGE	6. ADDITION
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
2. TITLE	3. NAME	4. STREET ADDRESS	5. CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3. TITLE	4. NAME	5. STREET ADDRESS	6. CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4. TITLE	5. NAME	6. STREET ADDRESS	7. CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6. TITLE	7. NAME	8. STREET ADDRESS	9. CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: *Steven Feldman* Steven Feldman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96
Date

305-944-2931
Daytime Phone #

CR2E034 (12/95)