

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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90116 009 \*\*\*150.00

DOCUMENT # K76759

1. Corporation Name

SIX SIGMA POLYMER CORP.

Principal Place of Business

12399 SW 53RD ST  
STE 104  
COOPER CITY FL 33330  
US

Mailing Address

P.O. BOX 821610  
S. FLORIDA FL 33082  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1989

4. FEI Number

65-0116390

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIEL J. CHIDO  
2652 EDGEWATER DR  
FT LAUDERDALE FL 33332

81 Name Daniel J. Chido

82 Street Address (P.O. Box Number is Not Acceptable)  
12399 SW 53rd St.

83 Ste. 104

84 City Cooper City

FL

85 Zip Code  
33330

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 607.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Daniel J. Chido 1-5-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME CHIDO, DANIEL J.  
STREET ADDRESS 2652 EDGEWATER DR  
CITY-ST-ZIP FT LAUDERDALE FL

☐ DELETE

TITLE VD  
NAME PASLEY, DIANE  
STREET ADDRESS 16267 ERIE PLACE  
CITY-ST-ZIP DAVIE FL

☐ DELETE

TITLE S  
NAME CLINTON, LISA  
STREET ADDRESS 17930 NW 84TH AVE  
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D  
NAME CHIDO, LINDA  
STREET ADDRESS 2652 EDGEWATER DR  
CITY-ST-ZIP FT LAUDERDALE FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

14501 W. Palomino Dr.  
Ft. Lauderdale, FL 33330

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

Daniel J. Chido

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0176582