

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K91213** (4)

1. Corporation Name  
**PLYCON, INC.**



Principal Place of Business  
**9210 SE RIVERFRONT TERR  
AUGUSTA D  
TEQUESTA FL 33469**

Mailing Address  
**9210 SE RIVERFRONT TERR  
AUGUSTA D  
TEQUESTA FL 33469**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

3. Date Incorporated or Qualified  
**05/26/1989**

3a. Date of Last Report  
**03/23/1995**

4. FEI Number  
**04-2393519**

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**KANTOR, MAXWELL H.  
9210 SE RIVER FRONT TERR  
AUGUSTA D  
TEQUESTA FL 33469**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 *Maxwell H. Kantor* **PRES.**

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | VSD                      | <input type="checkbox"/> DELETE |
| NAME           | KANTOR, MAXWELL          |                                 |
| STREET ADDRESS | 9210 SE RIVER FRONT TERR |                                 |
| CITY-ST-ZIP    | TEQUESTA FL              |                                 |
| TITLE          | PTD                      | <input type="checkbox"/> DELETE |
| NAME           | KANTOR, GERTRUDE D.      |                                 |
| STREET ADDRESS | 9210 SE RIVER FRONT TERR |                                 |
| CITY-ST-ZIP    | TEQUESTA FL              |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | KANTOR, R.               |                                 |
| STREET ADDRESS | 1778 STONEHAVEN          |                                 |
| CITY-ST-ZIP    | FREDERICK MD             |                                 |
| TITLE          | D                        | <input type="checkbox"/> DELETE |
| NAME           | KANTOR, JONATHAN B.      |                                 |
| STREET ADDRESS | 1740 S NEWPORT WAY       |                                 |
| CITY-ST-ZIP    | DENVER CO                |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                              |
|-------------------|------------------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME           |                                                                              |
| 13 STREET ADDRESS |                                                                              |
| 14 CITY-ST-ZIP    |                                                                              |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           |                                                                              |
| 23 STREET ADDRESS |                                                                              |
| 24 CITY-ST-ZIP    |                                                                              |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |                                                                              |
| 33 STREET ADDRESS |                                                                              |
| 34 CITY-ST-ZIP    |                                                                              |
| 41 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           | <b>9400 E. ILIFF</b>                                                         |
| 43 STREET ADDRESS |                                                                              |
| 44 CITY-ST-ZIP    |                                                                              |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                                                                              |
| 53 STREET ADDRESS |                                                                              |
| 54 CITY-ST-ZIP    |                                                                              |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |                                                                              |
| 63 STREET ADDRESS |                                                                              |
| 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)(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: *Maxwell H. Kantor* **PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

FILE/FILE NUMBER

407-746-1217

CR2E034 (12/95)