

3-26-98 B- 3775 -c
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 26 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country | | 3. Date Incorporated or Qualified 05/26/1989 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country | | 4. FEI Number 04-2393519 Applied For <input type="checkbox"/> Not Applicable | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent KANTOR, MAXWELL H. 9210 SE RIVER FRONT TERR AUGUSTA D TEQUESTA FL 33469 | | | | 10. Name and Address of New Registered Agent 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, by typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|---|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | VSD KANTOR, MAXWELL 9210 SE RIVER FRONT TERR TEQUESTA FL | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KANTOR, MAXWELL | 1.2 NAME | |
| STREET ADDRESS | 9210 SE RIVER FRONT TERR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TEQUESTA FL | 1.4 CITY-ST-ZIP | |
| TITLE | PTD KANTOR, GERTRUDE D. 9210 SE RIVER FRONT TERR TEQUESTA FL | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KANTOR, GERTRUDE D. | 2.2 NAME | |
| STREET ADDRESS | 9210 SE RIVER FRONT TERR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TEQUESTA FL | 2.4 CITY-ST-ZIP | |
| TITLE | D KANTOR, R. 1778 STONEHAVEN FREDERICK MD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KANTOR, R. | 3.2 NAME | |
| STREET ADDRESS | 1778 STONEHAVEN | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FREDERICK MD | 3.4 CITY-ST-ZIP | |
| TITLE | D KANTOR, JONATHON B. 9400 E ILIFF DENVER CO | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KANTOR, JONATHON B. | 4.2 NAME | |
| STREET ADDRESS | 9400 E ILIFF | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DENVER CO | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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.

SIGNATURE

Maxwell H. Kantor

MAXWELL H. KANTO

3/23

561-746-1217

CR2E034 (10/97)