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FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **L25023**
1. Corporation Name
ATLANTIS MOLDED PLASTICS, INC.

(7)

Principal Place of Business

**2665 S. BAYSHORE DRIVE
SUITE 800
MIAMI FL 33133-5401**

Mailing Address

**2665 S. BAYSHORE DRIVE
SUITE 800
MIAMI FL 33133-5401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1989

4. FEI Number

65-0150616

Applied For

Not Applicable

6. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**KLEIN, PETER W.
2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI FL 33133-5401**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME **D POWELL, EARL W.**
STREET ADDRESS **2665 S. BAYSHORE DR. SUITE 800**
CITY-ST-ZIP **MIAMI FL**

1.2 TITLE ☐ DELETE

NAME **AS KUFFNER, MARILYN D.**
STREET ADDRESS **2665 S. BAYSHORE DR. SUITE 800**
CITY-ST-ZIP **MIAMI FL 33133**

1.3 TITLE ☐ DELETE

NAME **D BOVA, ANTHONY F**
STREET ADDRESS **1870 THE EXCHANGE SUITE 200**
CITY-ST-ZIP **ATLANTA GA**

1.4 TITLE ☒ DELETE

NAME **S KLEIN, PETER W.**
STREET ADDRESS **2665 S BAYSHORE DR. SUITE 800**
CITY-ST-ZIP **MIAMI FL 33133-5401**

1.5 TITLE ☐ DELETE

NAME **D GEORGE, PHILLIP T MD**
STREET ADDRESS **2665 S. BAYSHORE DR. SUITE 800**
CITY-ST-ZIP **MIAMI FL 33133-5401**

1.6 TITLE ☐ DELETE

NAME **EVP RUDOVSKY, PAUL**
STREET ADDRESS **1870 THE EXCHANGE SUITE 200**
CITY-ST-ZIP **ATLANTA GA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S
Marilyn D. Kuffner

CEO/P/D
Anthony F. Bova

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

Marilyn D. Kuffner, Secretary

CR2E034 (10/97)