

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L25023

FILED  
Feb 02, 2004  
Secretary of State

Entity Name: ATLANTIS MOLDED PLASTICS, INC.

## Current Principal Place of Business:

2665 S. BAYSHORE DRIVE  
SUITE 800  
MIAMI, FL 331335401

## New Principal Place of Business:

## Current Mailing Address:

2665 S. BAYSHORE DRIVE  
SUITE 800  
MIAMI, FL 331335401

## New Mailing Address:

FEI Number: 65-0150616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GERSHMAN, DAVID  
2665 SOUTH BAYSHORE DRIVE  
SUITE 800  
MIAMI, FL 331335401 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: KUFFNER, MARILYN D  
Address: 2665 S. BAYSHORE DR. SUITE 800  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: POWELL, EARL W  
Address: 2665 S. BAYSHORE DR.  
City-St-Zip: MIAMI, FL 33133

Title: CPD ( ) Delete  
Name: BOVA, ANTHONY F  
Address: 1870 THE EXCHANGE SUITE 200  
City-St-Zip: ATLANTA, GA 30339

Title: D ( ) Delete  
Name: GEORGE, PHILLIP T MD  
Address: 2601 S. BAYSHORE DR. SUITE 725  
City-St-Zip: MIAMI, FL 33133

Title: V ( ) Delete  
Name: SAARI, PAUL  
Address: 1870 THE EXCHANGE SUITE 200  
City-St-Zip: ATLANTA, GA 30339

Title: V ( ) Delete  
Name: GEARY, JOHN A  
Address: 57500 COUNTY RD. 3 SOUTH  
City-St-Zip: ELKHART, IN 46517

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VCFO (X) Change ( ) Addition  
Name: SAARI, PAUL  
Address: 1870 THE EXCHANGE SUITE 200  
City-St-Zip: ATLANTA, GA 30339

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN D. KUFFNER

S

02/02/2004

Electronic Signature of Signing Officer or Director

Date

SUZANNE SMITH    TREAS/CONTROLLER  
1870 THE EXCHANGE  
STE 200  
ATLANTA GA 30339