

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90004 032 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # L45740 (2)  
 1. Corporation Name  
**FEDERATED FIBRES, INC.**

59/804 - 90004 - 32

Principal Place of Business Mailing Address  
~~7860 PETERS ROAD~~ ~~7860 PETERS ROAD~~  
~~#F-101~~ ~~#F-101~~  
~~PLANTATION, FL~~ ~~PLANTATION, FL~~  
 33324 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 01/29/1990

2. Principal Place of Business 2a. Mailing Address  
 21 1801 SW 68 AVENUE 26 1801 SW 68 AVENUE

4. FEI Number Applied For  
 65-0174194 Not Applicable

Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State 28 City & State  
 PLANTATION, FL PLANTATION, FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country  
 33317 BROWARD 33317 BROWARD

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAREY, MAREY ELLEN  
 1801 SW 68 AVENUE  
 PLANTATION, FL 33317

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT/DIRECTOR <input type="checkbox"/> DELETE
NAME	CAREY, CLEMENT
STREET ADDRESS	1801 SW 68 AVENUE
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	VICE PRESIDENT/SECRETARY <input type="checkbox"/> DELETE
NAME	CAREY, MARY ELLEN
STREET ADDRESS	1801 SW 68 AVENUE
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	TREASURER/DIRECTOR <input type="checkbox"/> DELETE
NAME	CARY, MARY ELLEN
STREET ADDRESS	1801 SW 68 AVENUE
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Clem Carey*

MR. CLEM CAREY, PRES. 4/19/99 (954)316-7002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)