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

CORPORATION ANNUAL REPORT

1996



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

**DOCUMENT #** 

L59530

(0)

**FILED** Apr 29 1996 8:00 am Secretary of State

PLASTIC MAINTENANCE PLUS, INC.
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Principal Place of Business Mailing Address				L HARRIDAY DOL DIŞAR HALDA OLIDB ALIYA BALL KIRIY DIDAL DIRAY BIRLI DIĞAL ƏLDYI ŞODI					
4561 SOUTH WEST 24TH AVE. FT LAUDERDALE FL 33312		7310 N.W. 1ST COURT PEMBROKE PINES FL 33024 US							
		US				3. Date Incorporated or Qualified	1	of Last F	-1
6 63-2-10	(D)				·- <u></u>	04/15/1990		04/11/1	1995
_2. Principal Pla- 21	ce of Business	2a. Mailing Address				4. FEI Number			Applied For
Suite, Apt. #	. etc.	Suite, Apt. #, etc.				65-0183073			Not Applicable
22 City & State	, 0.0	27				5. Certificate of Status Desired		Fee	5 Additional Required
23		City & State				6. Election Campaign Financing Trust Fund Contribution			00 May Be ad to Fees
Zip <b>24</b>	Country 25	Z <sub>I</sub> p <b>29</b>	30 Cou	intry		8. This corporation has liability for Florida Statutes  Yes	intangible ta	x under s	199.032,
	g. Name and Address of Curren	1 - 1	[30]		<del></del>	10. Name and Address of New F		Anent	
				81	Name	10, Name and Addition of How I	ogistorea.	-goin	
KLOSE	NBERG, F.P.			82	Change Andelso	ess (P.O. Box Number is Not Acceptab	16)		
2117 H	OLLYWOOD BLVD.				Street Addre	ess (F.O. Box Number is Not Acceptat			
HOLLY	WOOD FL 33021			83					
				84	City		FL	85 Z	p Code
or registere	the provisions of Sections 607.0502 d agent, or both, in the State of Floric , and accept the obligations of, Secti	ia. Such change was authoriz	zed by the d	ve-n	named corpora oration's board	ation submits this statement for the pur d of directors. I hereby accept the app	poop of obc	inging its i registered	registered office d agent. I am
SIGNATURE									
12.	Ignature, typed or printed name of registered agent.  OFFICERS AND			Agent	t signature required		DATE	DIDEOTA	250 11110
TITLE	PTD	DELETE	13.	171 F	·	ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	DRS IN 12  Addition
NAME	COLES, KERRY BRIAN	<u></u>	1.2 N/					onlange	☐ Yoution
STREET ADDRESS	4561 S.W. 24TH AVENUE				ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 00		Į.				
TITLE	VSD	☐ DELETE	2.1 T			• • • • • • • • • • • • • • • • • • • •		Change	Addition
NAME	COLES, RANDI LYNN		2.2 N/	ME			_		_
STREET ADDRESS	4561 S.W. 24TH AVENUE		2.3 \$1	REET.	ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		2 4 0	TY-51	T-ZIP				
TITLE		☐ DELETE	3.17	TLE				Change	Addition
NAME			3.2 N/	ME					
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP			3 4 C	1Y-\$1	T-ZIP				
TITLE		☐ DELETE	4. 1 Ti	TLE				Change	■ Addition
NAME			4.2 N	ME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CI	_	r-ZiP				
TITLE		□ DELETE	5. 1 3	TLE			[	] Change	☐ Addition
NAME			. 5.2 NA	ME					
STREET ADDRESS			5.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	····		5 4 CI		1 - ZIP				
TITLE		☐ DELETE	6 1 7	TLF				_ Change	Addition
NAME			62 NA	ME					
STREET ADDRESS			6351	REET A	ADDRESS				
CITY-ST-ZIP			6 4 CI	IY-SI	- ZIP				
14. I do hereby	certify that the information supplied w	ith this filing is voluntarily furn	nished and	does	not qualify fo	r the exemption stated in Section 119.	07(3)(k), Flo	rida Statul	tes. 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: