Filed on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

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

FILED
99 MAY 19 AM 11:10

FILING FEE $ 188.75	Annual Report $100.00 + $88.75 Corporation Supplemental Fee
	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000001110**

PLASPET FLORIDA, L.C.
POST OFFICE BOX 2809
ORLANDO FL 32802-2809

1a. Principal Place of Business Address

215 N. EOLA DRIVE
ORLANDO FL 32801

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Organized or Qualified: 10/15/1996

3a. State of Formation: FL

4. FEI Number: 59-3409330 ☐ Applied For ☐ Not Applicable

5. Date of Last Report: 04/21/1998

6. Certificate of Status Desired ☐ $5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

WEST, BRADFORD D
215 N. EOLA DRIVE
ORLANDO FL 32801

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City Zip Code

FL

9. Pursuant to the provisions of Sections 608.415 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	LILICO, DAVID	625 MCCUE ROAD	LAKELAND FL
MGRM	VISKOVICH, LES	625 MCCUE ROAD	LAKELAND FL

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-05/21/99--01073--007
****188.75 ****188.75

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: (D LILICO) 5/29/99 941-6537911
(ENTER PRINCIPAL AND TYPED OR PRINTED NAME OF INDIVIDUAL MANAGING MEMBER OR MANAGER) Date Daytime Phone #

Managing Member

INHSE10 R (12-98)