Apr 22, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M78425

1. Corporation Name

REINFORCED PLASTIC INDUSTRIES, INC

'		IOLD I LAGIIO INDOGINE		,							
Principal Place of Business			Mailing Address					#			4(4)) BIBN 1881
400 MAGUIRE RD OCOEE FL 34761-3034 US			400 MAGUIRE RD OCOEE FL 34761-3034 US			DC	NOT WRI	TE IN THI	S SPACE		
						i	ate Incorporated 4/28/1988	or Qualifed			
2.	Principal Pl	lace of Business	2a. Mailing Address			i	El Number			. —	pplied For
21		·	26			59	9-2897467				ot Applicable
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Ce	ertifcate of Status	Desired		•	Additional
22			27						<u> </u>		equired
	City & State	0	City & State	*			ection Campaign	-		•	May Be
23			28				ust Fund Contrib				to Fees
	Zip	Country	Zip	Country			nis corporation ov		rent year i	ntangible ∐ Yes	□No
24		25	29	30	.		ersonal Property ame and Addres		Panistere		
 		9. Name and Address of Curre	nt Registered Agent	81	Name		ame and Addis-	55 UI 11U1.	Kegister	u Agein	
	MAG	SEE, JAMES M.									
		TE 102		82	Street	Address (P.O.	. Box Number is	Not Accept	able)		
		E. LIVINGSTON STREET	•	83							
		ANDO FL 32801		65							
	One	ANDO PESZOUT		84	City				F	85 Zip	Code
		and the first of a market for a						want for the			e registered
L.,.				-1		·					
11	office or re	to the provisions of Sections 607.050	e of Florida. Such change was a	autnorized by	the corp	l corporation su poration's board	ubmits this stater d of directors. I h	ereby acce	pt the app	of changing it ointment as r	egistered
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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 empewered 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

407877-6646