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Mar 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P04204 (4)  
1. Corporation Name  
GILMORE PLASTICS INC.



Principal Place of Business  
4955 NORTH UNIVERSITY DRIVE  
LAUDERHILL FL 33351

Mailing Address  
4955 NORTH UNIVERSITY DRIVE  
LAUDERHILL FL 33351-4506

3. Date Incorporated or Qualified  
11/30/1984

3a. Date of Last Report  
01/30/1996

4. FEI Number  
56-1234963

Applied For  
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent  
GILMORE, SANDRA L.  
4955 NORTH UNIVERSITY DRIVE  
LAUDERDALE FL 33351

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

TITLE  DELETE

NAME PD  
GILMORE, SANDRA L.  
STREET ADDRESS 4955 N. UNIVERSITY DR.  
CITY-ST-ZIP LAUDERDALE FL

TITLE  DELETE

NAME V  
DAVIS, DAVID A.  
STREET ADDRESS 4955 N. UNIVERSITY DR.  
CITY-ST-ZIP LAUDERDALE FL

TITLE  DELETE

NAME D  
GILMORE, LEONARD M.  
STREET ADDRESS 4955 N. UNIVERSITY DR.  
CITY-ST-ZIP LAUDERDALE FL

TITLE  DELETE

NAME D  
GILMORE, ROBERT F.  
STREET ADDRESS 4955 N. UNIVERSITY DR.  
CITY-ST-ZIP LAUDERDALE FL

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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: *Sandra L. Gilmore* Sandra L. Gilmore 3-6-97 9547484922  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)