FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:18

DOCUMENT # P92000010989 (1)

1. Corporation Name

NEW PLASTICS, INC.

Principal Place of Business	Mailing Address
14525 62ND ST. N. SUITE #9 CLEARWATER FL 34620 US	14525 62ND ST. N. SUITE #9 CLEARWATER FL 34620 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26 121 N Osceola Ave
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27 2nd Floor
City & State 23	City & State 28 CLEARWATER, FL
Zip 24 Country 25	Zip 29 34615 Country 30 USA

3. Date Incorporated or Qualified: 12/09/1992
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-3155449 ☐ 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. ~~The corporation has liability for intangible tax under S. 199.032,~~ Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~STAACK, JAMES A~~
~~600 CLEVELAND STREET~~
~~SUITE 780~~
~~CLEARWATER FL 34615~~ — New Address

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 121 N. Osceola Ave.
83 2nd Floor
84 City CLEARWATER FL 85 Zip Code 34615

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] James A Staack 6/23/95
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	D/VP	1.1 TITLE	D/P ☐ Change ☒ Addition
NAME	MARVEL, DAVID R	1.2 NAME	James A. Staack
STREET ADDRESS	14525 62ND ST., N. #9	1.3 STREET ADDRESS	121 N. Osceola Ave., 2nd Floor
CITY ST ZIP	CLEARWATER FL	1.4 CITY ST ZIP	Clearwater, FL 34615
TITLE	~~D~~	2.1 TITLE	D/VP ☐ Change ☒ Addition
NAME	~~MARVEL, MARY C~~ ← Delete	2.2 NAME	John Polivick
STREET ADDRESS	~~14525 62ND ST., N. #9~~	2.3 STREET ADDRESS	121 N. Osceola Ave, 2nd Floor
CITY ST ZIP	~~CLEARWATER FL~~	2.4 CITY ST ZIP	Clearwater, FL. 34615
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(k), 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: [signature] James A. Staack, Pres 6/23/95 (813) 441-7635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0047514 CP