

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

DOCUMENT # P93000004079 (8)

1. Corporation Name

PRODUCT TECHNOLOGIES INC.

FILED

95 JAN 23 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address	
615 MISSION HILL RD BOYNTON BCH. FL 33435		615 MISSION HILL RD BOYNTON BCH. FL 33435	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
01/13/1993	06/24/1994
4. FEI Number	Applied For
65-0390954	Not Applicable
5. Certificate of Status Desired	\$0.75 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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MANGINO, WILLIAM J JR 615 MISSION HILL RD BOYNTON BCH. FL 33435		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	P/D
NAME	MANGINO, WILLIAM J JR	1.2 NAME	MANGINO, WILLIAM J. JR
STREET ADDRESS	615 MISSION HILL RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH. FL 33435	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	V/S/D
NAME	LUKE A. WEINSTEIN	2.2 NAME	WEINSTEIN, LUKE A.
STREET ADDRESS	15 MARITONE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEEP RIVER CT 06417	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 110.07(3)(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 as an attachment with an address.

SIGNATURE: _____ 1/14/94 203-526-9210
(Signature and typed or printed name of signing officer or director)