FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000015916 (8)

PLASTITECH, INC.

| Principal Place of Business | Mailing Address |
|-----------------------------------|-----------------------------------|
| 839 NW 25TH AVE OCALA FL 34475 | 839 NW 25TH AVE OCALA FL 34475 |

FILED Apr 06 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

| | | | | | | | | | 02/25/1993 | | | | | |
|---|---------------------------------|------------------------|---------------------|-------------------------|---------|---|-------------------|--|---|----------------|---------------|----------------|--|--|
| 2. Principal P | lace of Business | 2a. | 2a. Mailing Address | | | | | 4. FEI Number | | | Applied For | | | |
| 21 | | | 26 | 26 | | | | | 59-3172487 | Not Applicable | | | | |
| Suite, Apt. | #, e tc. | 27 | Suite, Apl. #, etc. | | | | | 5. Certificate of Status Desired | ssired S8.75 Additional Fee Required | | | | | |
| | | | | City & State | | | | | 6. Election Campaign Financing | | \$5.0 | 0 May Be | | |
| 23 | | | | 28 | | | | | Trust Fund Contribution Added to Fees | | | | | |
| Zip | | Country | | Zip | Cour | | | 8. This corporation owes or has paid the current year Intangible | | | | | | |
| 24 | 25 | <u> </u> | 29 | | 30 | | | | Personal Property Tax due Jui | ne 30. 🛛 🖸 | Yes Yes | □ No [| | |
| 9. Name and Address of Current Registered Agent | | | | | | | | | 10. Name and Address of New Registered Agent | | | | | |
| AMATEA, FRANK C | | | | | 81 Name | | | | | | | | | |
| 500 NE 8TH AVE | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| OCALA FL 34475 | | | | | | Super Address (F.O. Dok Multider is 140) Acceptable) | | | | | | | | |
| | | | | | | 83 | | | | | | | | |
| | | | | | | B4 | City | | | | | | | |
| | | | | | | •• | City | | | FL | 85 Zip | p 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | | | |
| 12. | | OFFICERS AND | | · | 13. | 3 7 Ng 3 | T. Orgina dio 100 | 4204 | ADDITIONS/CHANGES TO OFF | | DIRECTO | DRS IN 12 | | |
| TITLE | PT | | | DELETE | 1.1.71 | TLE | | | | 702.10.1010 | Change | | | |
| NAME | MALCOM N | AICHAFI D. | | | 1.2 N | AME | | | | | | | | |
| STREET ADDRESS | THE COLUMN ACTION OF THE COLUMN | | | | | 1.3 STREET ADDRESS | | | | | | Ì | | |
| CITY-ST-ZIP | | 34476-6741 | | | | ITY - S' | | | | | | | | |
| TITLE | SV | | | DELETE | 2.1 1 | | 1-20 | | | | Change | Addition | | |
| NAME | WISE JEFFREY R. | | | | - 1 | | | | SE IEEEREV R | | | | | |
| STREET ADDRESS | 10214 S.W. 74TH CT. | | | | | 2.3 STREET ADDRESS | | | 11 / SE 2541 ST | <i>:</i> | |] | | |
| CITY+ST-ZIP | OCALA FL 34476 | | | | | 2. 4 CITY-ST-ZIP | | | SE JEFFREY R 4-6 SE 25 ⁴¹ /ST LA ,FL 34471 | • | | İ | | |
| TITLE | | ***** | | DELETE | 3.1 T | | ···- | /47 | VB 1 1 27711 | | Change | Addition | | |
| NAME | | | | | 3.2 N | AMF | [| | | | " | | | |
| STREET ADDRESS | | | | | | | ADORESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | ST-ZIP | | | | | 1 | | |
| TITLE | | | | DELETE | 4.1 TO | | ··· | | | | Change | Addition | | |
| NAME | | | | | 4.21 | | | | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | ł | | |
| CITY-ST-ZIP | | | | • | 1 | ITY-S' | | | | | | | | |
| TITLE | | <u> </u> | | DELETE | 51 T | | 1-211 | | | | Change | Addition | | |
| NAME | | | | <u> </u> | 5.2 N | _ | | | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | ļ | | |
| CITY-ST-ZIP | | | | | | | 1 | | | | | J | | |
| TITLE | | | | DELETE | 5.4 C | TY-SI | 1 - Zir | | | | Change | Addition | | |
| NAME | | | | 001£1 | 6.2 N | |) | | | | onange | , | | |
| · ·- | | | | | | | | | | | | Ì | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | - | | |
| CITY-ST-ZIP | artifu that the in | formation supplied wit | h this fil | ing doge not qualify to | | ITY-SI | | in Sec | tion 110 07/3Vi) Florida Statutas | I further on | rtifu that th | an information | | |

receipt certify that the information supplied with tims filing does not quality for the exemption stated in Section 119,07(3)(i). Florida Statutes. I further certify that the informatio 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 appear with an address.

SIGNATURE:

MICHAEL D. MALCOM