

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000028321 (6)**

1. Corporation Name

PLANET PRODUCTS, INCORPORATED



Principal Place of Business

**6503 19TH STREET E.
UNIT F
SARASOTA FL 34243**

Mailing Address

**6503 19TH STREET E.
UNIT F
SARASOTA FL 34243**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**IMPARATO, MICHAEL A
6503 19TH STREET E.
UNIT E
SARASOTA FL 34243**

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
04/16/1993

3a. Date of Last Report
04/27/1995

4. FFI Number
65-0422345

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0702 and 607.1506, 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 to prove that the information is true and correct.

Signature of Agent to prove that the information is true and correct.

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
IMPARATO, MICHAEL A SR.
6503 19TH ST E., UNIT E
SARASOTA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-ST-ZIP

29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY-ST-ZIP

33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY-ST-ZIP

37. TITLE
38. NAME
39. STREET ADDRESS
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41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

45. TITLE
46. NAME
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49. TITLE
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73. TITLE
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77. TITLE
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80. CITY-ST-ZIP

81. TITLE
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85. TITLE
86. NAME
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88. CITY-ST-ZIP

89. TITLE
90. NAME
91. STREET ADDRESS
92. CITY-ST-ZIP

93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY-ST-ZIP

97. TITLE
98. NAME
99. STREET ADDRESS
100. 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(3)(a), 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 addresses.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

CR2E034 (12/95)