

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Seal of the State
Secretary of State
JENNIFER L. GORDON, Secretary

DOCUMENT #

p93000032547

Plastic Services, Inc.

Principal Place of Business

4766 Marsh Hammock
DRIVE East
JACKSONVILLE FL 32224

2. Principal Place of Business

21 4766 MARSH Hammock DR.E.

State Apt # 000

22 City & State

23 JACKSONVILLE, FL

Zip

24 32224

25 U.S.A.

26 4766 MARSH Hammock

DR.E.

27 City & State

28 JACKSONVILLE, FL

Zip

29 32224

30 U.S.A.

9. Name and Address of Current Registered Agent

Michael E. PROSEK
4766 MARSH HAMMOCK DR.E.
JACKSONVILLE FL 32224

81 First

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

83

84 City

FL 85 State

11. Person or persons who have been authorized to execute this report on behalf of the corporation. If the corporation is a partnership, the person or persons who have been authorized to execute this report on behalf of the partnership. If the corporation is a sole proprietorship, the person or persons who have been authorized to execute this report on behalf of the sole proprietorship. If the corporation is a limited liability company, the person or persons who have been authorized to execute this report on behalf of the limited liability company. If the corporation is a corporation, the person or persons who have been authorized to execute this report on behalf of the corporation. If the corporation is a partnership, the person or persons who have been authorized to execute this report on behalf of the partnership. If the corporation is a sole proprietorship, the person or persons who have been authorized to execute this report on behalf of the sole proprietorship. If the corporation is a limited liability company, the person or persons who have been authorized to execute this report on behalf of the limited liability company. If the corporation is a corporation, the person or persons who have been authorized to execute this report on behalf of the corporation.

SIGNATURE *Michael E. Prosek*

12. OFFICER, DIRECTOR, OR MANAGER

NAME PRESIDENT
MICHAEL E. PROSEK
ADDRESS 4766 MARSH HAMMOCK DR.E.
CITY JACKSONVILLE FL 32224

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14. The person or persons who have been authorized to execute this report on behalf of the corporation. If the corporation is a partnership, the person or persons who have been authorized to execute this report on behalf of the partnership. If the corporation is a sole proprietorship, the person or persons who have been authorized to execute this report on behalf of the sole proprietorship. If the corporation is a limited liability company, the person or persons who have been authorized to execute this report on behalf of the limited liability company. If the corporation is a corporation, the person or persons who have been authorized to execute this report on behalf of the corporation.

X SIGNATURE *Michael E. Prosek* PRES.

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***225.00

6-5-96 (904) 992-4766
CS 7/2/96

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