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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90046 004 ***158.75

DOCUMENT # P93000046556

1. Corporation Name

CONSOLIDATED POLYMER TECHNOLOGIES, INC.

Principal Place of Business Mailing Address					_	T I I I I I I I I I I I I I I I I I I I	IS MAIST MAINT I		UILEO BEIN 1881
11811 62ND ST N		PO-80X 17468			4 				
LARGO FL 34643		CLEARWATER-FL-94022			DO NOT WRITE IN THIS SPACE				
US	•	US-				3. Date Incorporated or Qualifed	L HV TINO	0.7.02	
						06/30/1993			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ar	pplied For
21		26 4370 112th T	'erra	ice 1	٧.	59-3194873		No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	(X)	•	Additional	
	·	27				o. Certificate of States Sounds		Fee R	equired
City & State	e	City & State	тат			6. Election Campaign Financing		•	May Be
23	Country	28 Clearwater	FL Count	.tm.		Trust Fund Contribution			to Fees
Zip	Country	_ 	_	•		8. This corporation owes the curre Personal Property Tax. Pai		angible	□No
24	9. Name and Address of Current		01 03	<u> </u>	_	10. Name and Address of New R			
	<u> </u>		8	81 Na	me				
KUN	gel, robert r			82 St	root Addro	co (B.O. Boy Number is Not Accente	hie)		
5260 113TH AVE N				02 511	reet Audre	ddress (P.O. Box Number is Not Acceptable)		_	
CLE/	ARWATER FL 34620		1	83				•	
			-	B4 Cit	h			85 Zip	Code
					•		FL	.	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes	the abo	ove-nar	med corpo	ration submits this statement for the	purpose of	changing its	registered
office of fo	egistered agent, or both, in the State t m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	la Statut	by ule t	corporation	13 Doard of directors. Thereby decep	t are appor		giotoroa
l agone i a				æs.					
[
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: R	legistered A		ature required	when reinstating)	DATE	ID DIRECTO	
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: R	legistered A	Agent signs	eture required	when reinstating) ADDITIONS/CHANGES TO OFF			
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SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD CARPENTER, LARRY R	nt and title if applicable. (NOTE: R	13. 1.1 TITL	Agent signa E ME		ADDITIONS/CHANGES TO OFF			
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3(i), 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

P.O. Box 1636