

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

FILED
Feb 10 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P93000050486 (8)
 1. Corporation Name
SARASOTA PLASTICS CORP.



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|---|---|
| Principal Place of Business 20801 BISCAYNE BLVD. SUITE 302 MIAMI FL 33180 | Mailing Address 20801 BISCAYNE BLVD. SUITE 302 MIAMI FL 33180 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 21 609 East Colonia Ln Suite, Apt. #, etc. | 2a. Mailing Address 26 SAME Suite, Apt. #, etc. |
| 22 City & State 23 Nokomis FL | 27 City & State |
| 24 Zip 34275 | 25 Country SARASOTA |

| | |
|---|--|
| 3. Date Incorporated or Qualified 07/19/1993 | |
| 4. FEI Number 64-0428133 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
LECHTER, ROBERT
20801 BISCAYNE BLVD.
SUITE 302
MIAMI FL 33180

10. Name and Address of New Registered Agent
81 Name Ralph Marksbury
82 Street Address (P.O. Box Number is Not Acceptable) 609 East Colonia Lane
83
84 City Nokomis FL 85 Zip Code 34275

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 **Ralph Marksbury** U.P. Chief Financial Officer 1/23/98
Signature, typed or printed name of registered agent and title if applicable (NOTE *Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD YANKEIEWITZ, SAMUEL 20801 BISCAYNE BLVD, S-302 MIAMI FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LECHTER, ROBERT 20801 BISCAYNE BLVD, S-302 MIAMI FL | <input checked="" type="checkbox"/> DELETE Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HERNANDEZ, AVARO 20801 BISCAYNE BLVD, S-302 MIAMI FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Charlie Hencye 609 East Colonia Lane Nokomis, FL 34275 | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President & Secretary Ralph Marksbury 609 East Colonia Lane Nokomis, FL 34275 | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--|-----------|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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.

SIGNATURE **Ralph Marksbury** 1-23-98 944-484-3622
Signature, typed or printed name of filing officer or director Date

CFR2034 (10/97)