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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90030 001 ***150.00

DOCUMENT # P9300064129

DAYTOR	NA PLASTIX, INC.				
Principal Plac	ce of Business	Mailing Address			BILLS BUTTE OFFICE BILLS STAND TININ LENEW LODE 1907
1870 MASON A DAYTONA BEA	AVE	PO BOX 9425 Daytona Beach FL 32120			
US US				ITE IN THIS SPACE	
}				3. Date Incorporated or Qualifed 09/07/1993	,
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3201995	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_ \$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee:Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the cur	rent vear Intangible
24	25	29 3	10	Personal Property Tax.	I Yes □No
	9. Name and Address of Currer		1	10. Name and Address of New	Registered Agent
			81 Name		
GOF	RNTO, L.A. JR.	·	Constant	taras (D.O. Bay Number in Not Accord	abla
	ORANGE AVE -		82 Street Add	dress (P.O. Box Number is Net Accept	ineward Ave
DAY	TONA BEACH FL 32114		83	- F 300111 1115	iquocos
}					
}		s chg Only	1 34	Hona Beach	FL 85 Zip Code 32114
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.					
agent. I a	am tamiliar with, and accept the obliga	tions of, Section 607.0505, Florid	ia Siaiules.		
]	am tamiliar with, and accept the obliga	tions of, Section 607.0505, Florid	ia Statutes.		
agent. I a	am familiar with, and accept the obligation is supported by the state of the obligation of the state of the obligation is supported by the state of the obligation of the obli	<u></u>	egistered Agent signature requir		DATE
]	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE: R			FICERS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered agei OFFICERS AN	nt and title if applicable. (NOTE: Ro	egistered Agent signature requir		
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: R	egistered Agent signature require		FICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN PD LOEBEL, TOMAS E	nt and title if applicable. (NOTE: R	egistered Agent signature requirements 13.		FICERS AND DIRECTORS IN 12
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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, used an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP