

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:43

DOCUMENT # P94000065870 (5)

1. Corporation Name

P.M. PLASTIC TECHNOLOGIES, INC.

Principal Place of Business

23228 FOUNTAIN VIEW DR.  
UNIT E  
BOCA RATON FL 33423

Mailing Address

23228 FOUNTAIN VIEW DR.  
UNIT E  
BOCA RATON FL 33423

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1994

3a. Date of Last Report

4. FEI Number

11-3144796

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2b. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Agent or Registered Agent or both, if applicable)

(Signature of Agent or Registered Agent or both, if applicable)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                 |
|----------------|---------------------------------|
| TITLE          | D                               |
| NAME           | SINGER, PETER                   |
| STREET ADDRESS | 23228 FOUNTAIN VIEW DR., UNIT E |
| CITY, ST, ZIP  | BOCA RATON FL 33423             |
| TITLE          |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY, ST, ZIP  |                                 |
| TITLE          |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY, ST, ZIP  |                                 |
| TITLE          |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY, ST, ZIP  |                                 |
| TITLE          |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY, ST, ZIP  |                                 |
| TITLE          |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY, ST, ZIP  |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY, ST, ZIP   |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY, ST, ZIP   |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY, ST, ZIP  |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY, ST, ZIP  |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY, ST, ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and deemed worthy for the exemption stated in Section 119.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 1907, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

*Peter Singer*  
PETER SINGER, DIRECTOR  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

1/11/95 1407347-725T  
(Date) (Signature/Typed Name)