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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000020404 (6) DOCUMENT #

PLASTIC DEPOT, INC.

Principal Place of Business

Mailing Address

## **FILED** Feb 24 1998 8:00am Secretary of State



5722 S. FLAMINGO RD. 5722 S. FLAMINGO RD. COOPER CITY FL 33330 COOPER CITY FL 33330 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/13/1995 2. Principal Place of Business Applied For 2a. Mailing Address 4. FEI Number 65-0582204 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Yes □ No 25 30 Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** ROTH, MITCHEL W 2020 N.E. 163RD ST. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 300 63 **NORTH MIAMI BEACH FL 33162** 84 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pented name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRI CTORS 13. DELETE Change 1.1 TITLE TITLE FELDMAN, STEVEN NAME 1.2 NAME 121 BEGONIA WAY STREET ADDRESS 1.3 STREET ADDRESS COOPER CITY FL 33026 1.4 CITY - ST - ZIP CITY-ST-ZIP \_\_\_ DELETE Change Addition 21 TITLE TITLE FELDMAN, CHARLES 2.2 NAME NAME 450 N.E. 210TH CIRCLE TERR. 2.3 STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 33179 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change \_\_\_ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP \_\_ Change Addition DELETE 5.1.10LE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6 1 TITLE 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

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 suppliemental 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 of the receiver of 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 ordin and address.