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

**PROFIT CORPORATION** ANNUAL REPORT

1999

**DOCUMENT #** 

1. Corporation Name



P95000039802

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90010 043 \*\*\*150.00

IBIS PLASTICS, INC.		
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5440 NORTH SI STE 205	R 7	5440 NORTH SR 7 STE 205		TO NOT WO	TE IN THIS SHACE	
FT LAUDERDALE FL 33319 FT LAUDERDALE FL 33319				TE IN THIS SPACE	<del></del>	
US		US	•	3. Date Incorporated or Qualifed		
0.00000000	( During and	- Adolling Address		05/19/1995 4. FEI Number		lied For
<b>└</b>	lace of Business	'2a. Mailing Address			<u> </u>	Applicable
21 Suite, Apt.	# 546	Suite, Apt, #, etc.		65-0581397-	- \$8.75 A	
<b>⊢</b> ' '	r, etc.	27		5. Certifcate of Status Desired	Fee Rec	
City & State	e	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added to	-
Zip	Country	Zip	Country	8. This corporation owes the curr	rent year Intangible	
24	25	29	30	Personal Property Tax.	Yes	No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New I	Registered Agent	
			81 Name	ok. Albert M		
LEITHISER, WILLIAM A 82 Street A			82 Street Add	dress (P.O. Box Number is Not Accept	able)	
1	SOUTH EAST 7TH AVENUE		159	56 E Wind Cir	rle	
POM	IPANO BEACH FL 33060		83			
			84 City		<b>85</b> Zip C	ode 32/
			Su	Arise		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute of Florida. Such change was au	s, the above-named con thorized by the corporati	poration submits this statement for the ion's board of directors. I hereby acce	purpose of changing its report the appointment as reg	istered
	Egistered agent, of both, in the chara	9. 1. 10.100.1 0.00.1 0.10.1.30 11.00 00	da Statutor		· · · · · · · · · · · · · · · · · · ·	
agent. I a	m familiar with and accept the obliga	ations of, Section 607,0505, Flori	ua Statutes.	r	10/00	
agent. I a	West 19 Bles	president Al	but MBle L	<u> </u>	1/8/99	\
SIGNATURE	Signature, typed or printed name of registered age	President Al	Registered Agent signature require	ed when reinstating)	DATE 7	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	president Al	Registered Agent signature require  13.	<u> </u>	DATE 7	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AI	president Alent and the if applicable. (NOTE:	Registered Agent signature require  13.  1.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECTOR	RS IN 12
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SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered age OFFICERS AI P LEITHISER, WILLIAM A JR 1150 SE 7 AVE POMPANO BEACH FL 33060 VP	not and the if applicable. (NOTE:  ND DIRECTORS  DELETE	Registered Agent signature requir.  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 3	ADDITIONS/CHANGES TO OF	DATE  FICERS AND DIRECTOR  Change	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI P LEITHISER, WILLIAM A JR 1150 SE 7 AVE POMPANO BEACH FL 33060 VP BLAKE, ALBERT M	not and the if applicable. (NOTE:  ND DIRECTORS  DELETE	Registered Agent signature requir.  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 3	red when reinstating)  ADDITIONS/CHANGES TO OF	DATE  FICERS AND DIRECTOR  Change	RS 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, or on an attachment with an address, with all other like empowered.