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

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -1 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000043289

1. Corporation Name
BOCA PLASTIC, INC.

Principal Place of Business / Mailing Address
140-G N.W. 11th STREET
BOCA RATON, FL. 33432

2. Principal Place of Business | 2a. Mailing Address
21 | 26
Suite, Apt #, etc. | Suite, Apt #, etc.
22 | 27
City & State | City & State
23 | 28
Zip / Country | Zip / Country
24 | 25 | 29 | 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7-25-95
4. FEI Number: 65-0592623 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — **$5.00** May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

9. **Name and Address of Current Registered Agent**
(UNKNOWN)

10. **Name and Address of New Registered Agent**
81 Name: STEFFANI T. MARTIN
82 Street Address (P.O. Box Number is Not Acceptable): 1704 17th LANE
83
84 City: LAKE WORTH — FL — 85 Zip Code: 33463

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: Steffani T. Martin, STEFFANI T. MARTIN, agent. 2-22-99
Signature, typed or printed name of registered agent and title if applicable / Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DP~~	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	~~JOHN MURA~~		12 NAME	
STREET ADDRESS	~~1114 S.W. 24th AVE.~~		13 STREET ADDRESS	
CITY-ST-ZIP	~~BOYNTON BEACH, FL. 33426~~		14 CITY-ST-ZIP	
TITLE	DP	[ ] DELETE	21 TITLE DP	[X] Change [ ] Addition
NAME	JOSEPH RABENO		22 NAME JOHN MURA	
STREET ADDRESS	531 N.E. 35th ST.		23 STREET ADDRESS 1114 S.W. 24th AVE.	
CITY-ST-ZIP	BOCA RATON, FL. 33431		24 CITY-ST-ZIP BOYNTON BEACH, FL. 33426	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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****150.00 ****150.00

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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.

SIGNATURE: [signature] — 2-25-99 — (561) 362-4494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #
JOHN MURA, PRESIDENT