

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
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90060 005 ***150.00

DOCUMENT # **P95000077765**

1. Corporation Name
INDUSTRIAL PLASTICS AND FABRICATION, INC.

Principal Place of Business Mailing Address
350 LIVELY BLVD 13662 AUTOMOBILE BLVD.
ELK GROVE VILLAGE IL 60007 CLEARWATER FL 33762
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/10/1995

4. FEI Number
59-3343490

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 ☐ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

25

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDENS, GARY A
13662 AUTOMOBILE BLVD.
CLEARWATER FL 33762

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> DELETE	P	EDENS, GARY A	11848 94TH ST. N.
			LARGO FL
<input type="checkbox"/> DELETE	ST	EDENS, CHRISTINE A	11848 94TH ST N.
			LARGO FL
<input type="checkbox"/> DELETE	VP	MCDADDE, JAMES	420 EAGLE DR. #302
			ELK GROVE VILLAGE IL
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			33773
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			33773
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			60007
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)