

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

FILED

**Apr 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000097434 (1)

1. Corporation Name
PLASTEK INDUSTRIES, INC.



Principal Place of Business: **12350 SOUTH BELCHER ROAD, BLDG. 5, UNIT G LARGO FL 34824**
Mailing Address: **12350 SOUTH BELCHER ROAD, BLDG. 5, UNIT G LARGO FL 34824**

3. Date Incorporated or Qualified: **01/01/1996** 3a. Date of Last Report

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3350679	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	Country	29. Zip	30. Country
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent	
B1. Name			
B2. Street Address (P.O. Box Number is Not Acceptable)			
B3.			
B4. City	FL	B5. 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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKERS, CHARLES W	1.2 NAME	
STREET ADDRESS	12350 SOUTH BELCHER ROAD, BLDG. 5, UNIT G	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34824	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYCASTER, MARY K	2.2 NAME	
STREET ADDRESS	12350 SOUTH BELCHER ROAD, BLDG. 5, UNIT G	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34824	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, CATHERINE Z	3.2 NAME	
STREET ADDRESS	12350 SOUTH BELCHER ROAD, BLDG. 5, UNIT G	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34824	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Charles Akers* **CHARLES AKERS** 4-2-97 813-531-7340
Date: _____ Daytime Phone: _____

CR2E034 (9/96)