

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

FILED
May 01 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 # P 96000019524 1. Corporation Name PREMO-PLAST, INC.			
Principal Place of Business 512 BRIDLEPATH ST CASSELBURY, FL 32707		Mailing Address 3. Date Incorporated or Qualified 3/4/96	
2. Principal Place of Business 21 512 BRIDLEPATH ST		2a. Mailing Address 26 383 LATHROP RD	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 CASSELBURY, FL		City & State 28 PLAINFIELD, CT	
Zip 24 32707		Zip 29 06374	
Country 25		Country 30	
9. Name and Address of Current Registered Agent RICHARD C. FOX 3401 LAKEVIEW DR DELRAY BEACH, FL 33445		10. Name and Address of New Registered Agent 81 Name RONALD K. PREMO 82 Street Address (P.O. Box Number is Not Acceptable) 512 BRIDLEPATH STREET 83 84 City CASSELBURY	
		85 Zip Code FL 32707	
11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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 <i>Ronald Premo</i> RONALD PREMO 4/25/97 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD C. FOX <input checked="" type="checkbox"/> DELETE 3401 LAKEVIEW DR DELRAY BEACH, FL 33445	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RONALD PREMO 512 BRIDLEPATH ST CASSELBURY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	CHAIRMAN OF BOARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRUCE BENDELL 43-40 NORTHERN BLVD LONG ISLAND CITY, NY 11101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DORON COHEN 80-02 KEW GARDENS RD KEW GARDENS, NY 11415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4/5/97
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700002157027 -05/06/97--01042--006 ***165.00
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: <i>Ronald Premo</i> RONALD PREMO		Date 4/25/97 Daytime Phone # 718-520-6500	

CFR2E034 (9/96)