

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

DOCUMENT # P96000057843

1. Corporation Name
THE PLASTIC TRADING COMPANY, INC.

Principal Place of Business 1233 OLD DIXIE HWY #11 LAKE PARK FL 33403 US	Mailing Address 1233 OLD DIXIE HWY #11 LAKE PARK FL 33418 US
2. Principal Place of Business 21 1380 N. KILLIAN PC #4 Suite, Apt. #, etc. 22 LAKE PARK, FL City & State 23 33403	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28
Zip 24	Zip 25 Country 29 Country 30

9. Name and Address of Current Registered Agent
BEARD, JOHN E
14861 TWISTED TREE TRAIL
PALM BEACH GARDENS FL 33418



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/10/1996	4. FEI Number 65-0676133	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees Trust Fund Contribution	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent		
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P BEARD, JOHN E 14861 TWISTED TREE TRAIL PALM BEACH GARDENS FL 33418	<input type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S BEARD, SUSAN M 14861 TWISTED TREE TRAIL PALM BEACH GARDENS FL 33418	<input type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<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		<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
TITLE		<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

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:

John E. Beard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 840-8499
501-626-8661

Date

Daytime Phone #

CR2E034 (11/98)

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