

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Candra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000077010 (2)

1. Corporation Name

ADVANTAGE PLASTICS OF NEW YORK, INC.

FILED

98 FEB 27 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

654 POST AVENUE S.W.
WINTER HAVEN FL 33880

654 POST AVENUE S.W.
WINTER HAVEN FL 33880

3. Date Incorporated or Qualified

09/16/1996

3a. Date of Last Report

12-31-96

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

4. FEI Number

06-1465884

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALVA, JOHN
654 POST AVENUE S.W.
WINTER HAVEN FL 33880

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

11 TITLE D PRESIDENT/SELF ☐ DELETE
12 NAME SALVA, JOHN
13 STREET ADDRESS 654 POST AVENUE S.W.
14 CITY, ST, ZIP WINTER HAVEN FL 33880

15 TITLE ☐ DELETE
16 NAME
17 STREET ADDRESS
18 CITY, ST, ZIP

19 TITLE ☐ DELETE
20 NAME
21 STREET ADDRESS
22 CITY, ST, ZIP

23 TITLE ☐ DELETE
24 NAME
25 STREET ADDRESS
26 CITY, ST, ZIP

27 TITLE ☐ DELETE
28 NAME
29 STREET ADDRESS
30 CITY, ST, ZIP

31 TITLE ☐ DELETE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 TITLE ☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP

19 TITLE ☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 TITLE ☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 TITLE ☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

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****150.00 ****150.00

32-08

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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. I changed, or on an attachment with an address