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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90022 022 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000102401**1. Corporation Name

CITY-ST-ZIP

SIGNATURE:

singl Place of Business

FLORIDA PLASTICS MACHINERY GROUP, INC.

riiicipai riace	e or premiess	Maining Madress					
1061 MAITLAND	1061 MAITLAND CENTER CO	ER COMMONS					
SUITE 215	20754	SUITE 215			DO NOT WRITE IN THIS SPACE		
MAITLAND FL 3	32/51	MAITLAND FL 32751			3. Date Incorporated or Qualifed		
					12/16/1996		}
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
			- Cartina - Cart		59-3417207		Not Applicable
1	4	Suite, Apt. #, etc.		•	33 3417207	\$8.7	75 Additional
Suite, Apt.	#, etc	<u> </u>			5. Certifcate of Status Desired	1 1	e Required
2		City & State			6 Floation Compaign Financing	¢5	.00 May Be
City & State	e	_			Election Campaign Financing Trust Fund Contribution		ded to Fees
3	28 Zip	Country		8. This corporation owes the curre		200 10 1 000	
Zip □	Country Zip		- 1		Personal Property Tax.	Yes ☐	. □No l
4	25 29 9. Name and Address of Current Registered Agent		30		10. Name and Address of New Registered Agent		
	9. Name and Address of Curren	Registered Agent	8	Name	10. Hallie and Address of New York	.g	
GORMAN, CHARLES A III			ا ا				
	MAITLAND CENTER COMMONS	.	82 Street Ad		ddress (P.O. Box Number is Not Acceptab	ole)	-
	E 215	•	-		- 		
			8:	3			
MAH	rland FL 32751		8-	4 City		85	Zip Code
				1		FL °	
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statutes	, the abo	ve-named co	prporation submits this statement for the pation's board of directors. I hereby accept	ourpose of changin	ig its registered
office or r	egistered agent, or both, in the State of the miliar with, and accept the obligation	tions of, Section 607.0505, Florid	la Statute	s.	Allori a Ballo of directors. Thereby decept	. ию арропилот	
SIGNATURE							
OICHATORE	Signature, typed or printed name of registered agen			ent signature requ	uired when reinstating)	DATE	CTODO IN 40
12.			13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	
TITLE	D	☐ DELETE	1.1 TITLE			□ C≀ia	.nge LI Addison
NAME	GORMAN, CHARLES A III		1.2 NAME				
STREET ADDRESS			1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751 140		1.4 CITY-	ST-ZIP			
TITLE	D	☐ DELETÉ	2.1 TITLE			Cha	ange
NAME	BOLLINGER, ROBERT 22N		2.2 NAME	:			
STREET ADDRESS			2.3 STRE	ET ADORESS			
CITY-ST-ZIP	MAITLAND FL 32751			-ST-ZIP			
TITLE			3.1 TITLE			Cha	ange
NAME			3.2 NAME	:			ļ
STREET ADDRESS			3.3 STRE	ET ADDRESS			{
CITY-ST-ZIP			3.4. CITY	1			
TITLE	<u> </u>	☐ DELETE	4.1 TITLE	-		☐ Cha	ange Addition
NAME		_	4. 2 NAM				
			1	ET ADDRESS			
STREET ADDRESS			4.4 CITY-				J
CITY-ST-ZIP	<u> </u>	☐ DELETE	5.1 TITLE			Cha	ange Addition
TITLE			5.2 NAME			_	-
NAME				ET ADDRESS			
STREET ADDRESS			5.3 STRE	- 1			
CITY-ST-ZiP			6.1 TITLE			Cha	ange Addition
TITLE		☐ DELETE					go 🔲 //(G/(G/))1
NAME			6.2 NAME				İ
STREET ADDRESS			6.3 STRE	ET ADDRESS			ì

6.4 CITY-ST-ZIP 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.