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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State Katherine Harris 04-26-1999 90218 018 \*\*\*150.00

DOCUMENT # P97000014516 1. Corporation Name SUNCO PLASTICS, INC. Principal Place of Business Mailing Address 7030 NW 37TH COURT 701-BRICKELL AVE -SUITE-3000 MIAMI FL 33147 DO NOT WRITE IN THIS SPACE 181618-EL-00101

|   |                             |                |                     | 3. Date ir corporated or Qualifed 02/13/1997   |  |  |  |
|---|-----------------------------|----------------|---------------------|--|--|--|--|
| 2. Principal Place of Business                      | 2a. Mailing Address         |                |                     | 4. FEI Number  | Applied For  |  |  |
| 21 10461 SW. 186th Lame                             | 26                          |                |                     | 65-0729041   | Not Applicable                                       |  |  |
| Suite, Apt. #, etc.                                 | Suite, Apt. #, etc.         |                |                     | 5. Certifcate of Status Desired  | \$8.75 Additional<br>Fee Recuired                    |  |  |
| City & State  | City & State                |                |                     | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees                       |  |  |
| Zip Courtry   | Zip                         | Country<br>30  |                     | This corporation owes the current year     Persor at Property Tax.                             | ntangib <del>le</del><br>☐ Yes │☐No                  |  |  |
| 9. Name and Address of Current F                    |                             |                |                     | 10. Name and Address of New Registers d Agent  |  |  |  |
| BAILEY, HAROLD                                      | tegistered Agent            | 81             | Name                | ivalid did , was over the same green   |  |  |  |
| 7030 NW 37TH COURT                                  |                             | 82             | Street Addre        | ess (P.O. Box Number is Not Acceptable)  |  |  |  |
| MIAMI FL 33147                                      |                             | 83             |                     |  |  |  |  |
|   |                             | 84             | City                | F  | L 85 Zip Code  |  |  |
| 11. Pursuant to the provisions of Sections 607.0502 | and 607.1508, Florida Statu | tes, the above | e-named corporation | oration submits this statement for the purpose of spoard of directors. I hereby accept the app | of changing its registered<br>ointment as registered |  |  |

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

| SIGNATUF:E      | Signature, typed or printed name of registered agent and title if applicable. (NOTE Re   | gistered Agent signature re | eq irred when reinstating) DATE  |                        | <u> </u>   |
|-----------------|--|-----------------------------|--|------------------------|------------|
| 12.             | OFFICERS ANI) DIRECTORS  | 13.                         | ADDITIONS/CHANGES TO OFFICERS  | AND DIRECTO            |            |
| TITLE           | DP\$T DELETE   | 1.1 TITLE                   |  | ☐ Change               | ☐ Addition |
| NAME            | BAILEY, HAROLD   | 1.2 NAME                    |  |                        |            |
| STREET ADDRESS  | 7030 NW 37TH COURT   | 13 STREET ADDRESS           |  |                        |            |
| CITY-ST-ZIP     | MIAMI FL 33147   | 1.4 CITY-ST-ZIP             |  |                        |            |
| TITLE           | ☐ DELETE   | 2.1 TITLE                   |  | Change                 | Addition   |
| NAME            |  | 2.2 NAME                    |  |                        |            |
| STREET ADDRESS  |  | 2.3 STREET ADDRESS          |  |                        |            |
| CITY-ST-ZIP     |  | 2.4 CITY-ST-ZIP             |  |                        |            |
| TITLE           | DELETE   | 3.1 TITLE                   |  | Change                 | Addition   |
| NAME -          | م و العمل المنظم | 3.2 NAME                    | * **   | ~ -                    |            |
| STREET ADDRESS  |  | 3.3 STREET ADDRESS          |  |                        |            |
| CITY-ST-ZIP     |  | 3.4. CITY-ST-ZIP            |  |                        |            |
| TITLE           | ☐ DELETE   | 4,1 TITLÉ                   |  | Change                 | ☐ Addition |
| NAME            |  | 4. 2 NAME                   |  |                        |            |
| STREET ADDRI SS |  | 4.3 STREET ADDRESS          |  |                        |            |
| CITY-ST-ZIP     |  | 4.4 CITY-ST-ZIP             |  |                        |            |
| TITLE           | ☐ DELETE   | 5.1 TITLE                   |  | Change                 | ☐ Addition |
| NAME            |  | 52 NAME                     |  |                        |            |
| STREET ADDRI SS |  | 5.3 STREET ADDRESS          |  |                        |            |
| CITY-ST-ZIP     |  | 5.4 CITY-ST-ZIP             |  |                        |            |
| TITLE           | ☐ DELETE   | 61 TITLE                    |  | ☐ Change               | Addition   |
| NAME            |  | 6.2 NAME                    |  |                        |            |
| STREET ADDRI:SS |  | 6 3 STREET ADDRESS          |  |                        |            |
| CITY-ST-ZIP     | sertify that the information supplied with this filling does not qualify for the   | 6.4 CITY-ST-ZIP             | Control of the Contro | autification the exist | formation  |

indicated on this annual report or supplied with this limiting does not qualify the exemption stated in Section 1.19.0 (3)(i), Fronda Statutes. I turner certify that the information indicated on this annual report is suppliemental 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.

Daytime Phone #