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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

## FILED May 13, 1999 8:00 am Secretary of State

|                           | 1999   | DIVISION OF CO                    | ORPORATIONS                            | 05-13-1999 90009 0   | 14 ***150.           | 00          |     |
|---------------------------|--|-----------------------------------|--|--|----------------------|-------------|-----|
| DOCU<br>1. Corporatio     | MENT # P 97000<br>m Name<br>m m/s PLASTE   | 0052552.                          |  |  |                      |             |     |
| De-                       | nnis PLASTE  | ving, INO                         | •                                      | - 10030 - 30009 - 14   |                      |             |     |
|                           | •  | <b>Y</b> '                        |  |  |                      | J           |     |
| Principal Place           | e of Business  | Mailing Address                   |  |  |                      |             |     |
| 171                       | 024 SW. 27   | 70Th. ST.                         |  |  |                      |             |     |
| 7 20                      |  |                                   |  | DO NOT WRITE IN THIS   | SSPACE               |             |     |
| NA                        | PRANJA, F/A  | 33032                             |  | 3. Date Incorporated or Qualifed   | ) or not.            |             |     |
| 2. Principal P            | lace of Business   | 2a. Mailing Address               |  | 4. FEI Number  | Apr                  | olied For   |     |
| 21                        | Spme.  | 26 5'AM                           | 0                                      | 65-0758958   | Not                  | Applicable  | 1   |
| Suite, Apt. #, etc.       |  | Suite, Apt. #, etc.               |  | 5. Certificate of Status Desired   | \$8.75 A             |             | ĺ   |
| 22                        |  | 27                                |  |  | Fee Rec              | •           | ĺ   |
| City & State City & State |  |                                   |  | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 i<br>Added to | •           |     |
| Zip                       |  |                                   | Country                                | 8. This corporation owes the current year Intangible   |                      | _           | l   |
| 24                        |  |                                   | 0                                      | Personal Property Tax.  Yes No   |                      |             |     |
|                           | 9. Name and Address of Current   | Registered Agent                  | 81 Name                                | 10. Name and Address of New Registered   | Agent                |             | ĺ   |
| JAn                       | nes E. TICE  | 7 ~~+.                            |  | $\nu/\rho$   |                      |             |     |
| 1/02                      | 20 gw. 280/10  | ý 3/°                             | 82 Street Addr                         | Address (P.O. Box Number is Not Acceptable)  |                      |             |     |
| Hor                       | nestead FIA  |                                   | 83                                     |  |                      |             |     |
| 1101                      | .,   | 230末                              | 94 65                                  |  | 85 Zip C             | 'odo        |     |
|                           |  |                                   | 84 City                                | FL   | _   85   240 0       | lode        | 1   |
| 11. Pursuant              | to the provisions of Sections 607.0502   | and 607.1508, Florida Statutes    | the above-named corp                   | oration submits this statement for the purpose of<br>on's board of directors. I hereby accept the appo   | f changing its       | registered  | 1   |
| office or r<br>agent. I a | egistered agent, or both, in the State of<br>im familiar with, and accept the obligati | ions of, Section 607.0505, Florid | la Statutes.                           | or s board of directors. Thereby accept the appo   | miment as reg        | jistorod    | 1   |
| SIGNATURE                 |  |                                   |  |  |                      |             | l   |
| 42                        | Signature, typed or printed name of registered agent OFFICERS ANI                      |                                   | Registered Agent signature require 13. | d when reinstating)  ADDITIONS/CHANGES TO OFFICERS A   | ND DIRECTO           | RS IN 12    | Í   |
| TITLE                     | DIZES/D  | ☐ DELETE                          | 1.1 TITLE                              | , and the second | ☐ Change             | Addition    | 1   |
| NAME                      | James N. De-   | mm15                              | 1.2 NAME                               |  |                      |             | 3   |
| STREET ADDRESS            | s 12024 Sed 270/11 21.   |                                   | 1.3 STREET ADDRESS                     | STREET ADDRESS   |                      |             | l È |
| CITY-ST-ZIP               | NARANIA F  | TA 33032                          | 1.4 CITY-ST-ZIP                        |  |                      |             | ٥   |
| TITLE                     | Sect TReas   | ☐ DELETE                          | 2.1 TITLE                              |  | Change               | Addition    |     |
| NAME                      | Sarah Den  | 715/2 5%                          | 2.2 NAME                               |  |                      |             |     |
| STREET ADDRESS            | 72024 SW 2   | -6011                             | 2.3 STREET ADDRESS                     |  |                      |             | l   |
| CITY-\$T-ZIP              | MARAMA 1   | =/A. 33032<br>□ DELETE            | 2.4 CITY-ST-ZIP<br>3.1 TITLE           |  | ☐ Change             | Addition    | 1   |
| NAME                      | James E Tick<br>16220 500 20<br>HomesTead  | الماداد المستحيم                  | 3.2 NAME                               |  | 9~                   |             | l   |
| STREET ADDRESS            | 16220 300 20   | goth ST                           | 3.3 STREET ADDRESS                     |  |                      |             | l   |
| CITY-ST-ZIP               | HomesTead  | FA                                | 3.4. CITY-ST-ZIP                       |  |                      |             | l   |
| TITLE                     |  | ☐ DELETE                          | 4.1 TITLE                              |  | Change               | Addition    | ł   |
| NAME                      |  |                                   | 4. 2 NAME                              |  |                      |             |     |
| STREET ADDRESS            |  |                                   | 4.3 STREET ADDRESS                     |  |                      |             | l   |
| CITY-ST-ZIP               |  | □ DELETE                          | 4.4 CITY-ST-ZIP                        |  | ☐ Change             | ☐ Addition  | 1   |
| TITLE                     |  | ☐ DELETE                          | 5.1 TITLE<br>5.2 NAME                  |  |                      | [] Addition |     |
| NAME                      |  |                                   | 5.3 STREET ADDRESS                     |  |                      |             |     |
| STREET ADDRESS            |  |                                   | 5.4 CITY-ST-ZIP                        |  |                      |             |     |
| CITY-ST-ZIP<br>TITLE      |  | ☐ DELETE                          | 6.1 TITLE                              |  | Change               | Addition    |     |
| NAME                      |  |                                   | 62 NAME                                |  |                      |             |     |
| STREET ADDRESS            | 28 M 40.   |                                   | 6.3 STREET ADDRESS                     |  |                      |             |     |
|                           | I  |                                   | I a compress and                       |  |                      |             | i i |

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.

MANUA NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: \*

4-28.99

Daytime Phone #