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

PROFIT CORPORATION ANNUAL REPORT

1998



FILED

May 11 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MEN # P97000 HOR PLASTIC DESIGNERS.	UU55196 (4 . INC.	·)		
Principal Place	e of Business	Mailing Address		a tamında ind idini taklı darin borir dökir səydi mi	1101 01101 11010 0 18410 \$111 1001
	MILITARY TRAIL BEACH FL 33415	424 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415		DO NOT WRITE IN THIS	SSPACE
				3. Date Incorporated or Qualified 06/24/1997	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1566402	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	A	City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the or	urrent year Intangible
24	25 25 Name and Address of Curren	29 Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	
AMERILAWYER CHARTERED B1 Name HOLLIPL					
	3 ALMERIA AVENUE			WARD LOWRY	
CORAL GABLES FL 33134			82 Street Add	ress (P.O. Box Number is Not Acceptable)	DR.
COINE CROSSO I C 33 (34			83	10-0	
			84 City / A //		85 Zip Code
			LAK	<i>EVVORTH</i> FL	33467
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida State of Florida, Such change wa	tutes, the above-named corp is authorized by the corporal	poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
agent. I a				= 1,500	,
SIGNATURE	Signature, typed or printed name of requistered age	Howard	LOWY OTE Registered Agent signature requir	red when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PSD	DELETE	1.1 TATLE		Change Addition
NAME	DEROSE, RICHARD J		1.2 NAME		
STREET ADDRESS	424 SOUTH MILITARY TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 3341		1.4 CITY - ST - ZIP		
TITLE	VTD	☐ DELETE	2.1 TITLE		Change Addition
NAME	DEROSE, JANICE H		2.2 NAME		
STREET ADDRESS	424 SOUTH MILITARY TRAIL		2.3 STREET ADORESS		}
CITY-ST-ZIP	WEST PALM BEACH FL 3341		2.4 CITY-ST-ZIP		Channe laddition
TITLE		☐ DEFELE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY~ST-ZIP 4.1 TITLE		Change Addition
NAME		Jettit.	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
CTREET ADDRESS			6 2 CIRECT ADDRESS		

14. Thereby 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 attachmont with an address.