

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90007 048 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000094280**

1. Corporation Name

**UNIPLAS CORPORATION**

Principal Place of Business

**104 GOLF CLUB DR.  
LONGWOOD FL 32779**

Mailing Address

**104 GOLF CLUB DR.  
LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/03/1997**

4. FEI Number

**59-2700946**

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 owes the current year  
Intangible Personal Property.

☐

Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21 235 Hunt Club Blvd.**

**26 235 Hunt Club Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 201**

**27 Suite 201**

City & State

City & State

**23 Longwood, FL**

**28 Longwood, FL**

Zip

Country

Zip

Country

**24 32779**

**25**

**29 32779**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IANDOLI, RAYMOND  
104 GOLF CLUB DR.  
LONGWOOD FL 32779**

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 *Raymond Iandoli* **Raymond Iandoli**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-1-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **IRAWAN, GAWAIN**  
STREET ADDRESS **132 JOO SENG ROAD, UNIPLAS BLDG. NO. 0801**  
CITY-ST-ZIP **SINGAPORE 36858**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **IANDOLI, RAYMOND**  
STREET ADDRESS **104 GOLF CLUB DR.**  
CITY-ST-ZIP **LONGWOOD FL 32779**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

*Raymond Iandoli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-1-99**

**4077881699**

Date

Daytime Phone #



UNIPLAS CORPORATION  
235 Hunt Club Boulevard • Longwood, Florida 32779  
TEL: (407) 788-1699 • FAX: (407) 869-6257

July 1, 1999

587870-90007-4  
P97000094280

Ms. Katherine Harris  
Secretary of State  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Ms. Harris:

Attached find 1999 Profit Corporation Annual Reports and company checks for the filing fees for Uniplas Corporation and AKOT International, Inc.

In August of 1998 both of my businesses relocated to a new building and the mailing address changed for each business. I did not receive 1999 Profit Corporation Annual Report Packets for either company until a few days ago when "2<sup>nd</sup> Notices" for filing arrived. I can only speculate the original packets were lost in the mail because of the new mailing address.

Ms. Harris, if you check past records for AKOT International, Inc. and Uniplas Corporation, you will find the Annual Reports have always been filed before the deadline. In view of the fact that I did not receive the original mailing, I would appreciate your consideration in waiving any late charges for both businesses.

Sincerely,

A handwritten signature in cursive script that reads "Raymond Iandoli".

Raymond Iandoli

RI/slz

Enclosures