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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000016550 1. Corporation Name

SIGNATURE:

RESEARCH PLASTIC DESIGN GROUP, INC.

RESEARCH FEASTIC DESIGN GITCOF, INC.								
	Mailing Address							
Principal Place of Business	Mailing Address							

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90155 018 ***150.00



7067 FALCON'S GLEN BOULEVARD NAPLES FL 34113			7087 FALCON'S GLEN BOULEVARD NAPLES FL 34113						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified									
								l				Qualifed	1					1
2 Dringing Di	ace of Business	2a. Mailing Address							02/20/1998 4. FEI Number						Annli	ed For	┨	
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Suite, Apt.	# etc	120	Suite. A	pt. #, etc.				-+							\$8.75		 -	1
Oune, Apr.	от ж, етс.								5. Certificate of Status Desired						•		ired ====	≟ ≊ا
City & State	/ & State			City & State				6. Election Campaign Financing \$5.00 May							av Be	7		
23	28						1			ontribu	_			Adde				
Zip	Country	Zip Country				7	8. This c	orporat	ion owe	s the cu	rent year	r íntan	gible		,	7		
24	25 29 30						Personal Property Tax. Yes No											
	9. Name and Address of Current	Regi	stered Ag	jent		L,			10. Name	and A	ddress	of New	Register	red Ag	jent			4
						81	Name											
	RILAWYER		82 Street Address						ress (P.O. Box Number is Not Acceptable)									1
	ALMERIA AVENUE]
COR	AL GABLES FL 33134					83												1
						84	City								85 Zi	p Coo		1
							•							FL		·		_
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Flor	ida. Such	change was aut	horized	l by	the corp	corpora oration's	ation subm s board of	its this directo	statemers. I he	ent for the reby acce	e purpose ept the ap	e of ch ppointr	nanging ment as	its re regis	gistered tered	
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable	(NOTE: F	tegistered	Agen	t signature	required wi	hen reinstating))			DATE					Ì
12.	OFFICERS AND				13.	<u> </u>			ADDIT	IONS/C	HANG	S TO O	FFICERS	AND	DIREC	TORS	S (N 12] :
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المماهمة السما	certify that the information supplied with on this annual report or supplemental a director of the corporation or the receiv or Block 13 if changed, or on an attach		al rocort ic	true and accur-	ata and	that	my ciar	entura el	hall have t	he can	ienal ar	ettect as	it made i	IINAPA	oath: th	ลเเล	m an	