Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

[|Yes

Not Applicable

PROFIT * CORPORATION ANNUAL REPORT 1999

Principal Place of Business

22

23

Zip

City & State



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000032565

INDUSTRIAL PLASTICS SUPPLY, INC.

S111 SOUTH PINE AVENUE BUILDING F OCALA FL 34480	5111 SOUTH PINE AVENUE BUILDING F OCALA FL 34480
2. Principal Place of Business	2a. Mailing Address 26 P.O. BOX 1555
Suite, Apt. #, etc.	Suite Apt #, etc

24 25 9. Name and Address of Current Registered Agent **AMERILAWYER** 343 ALMERIA AVENUE

CORAL GABLES FL 33134

Mailing Address

City & State

	1 craomar reporty ver	
	10. Name and Address of New Registere	d Agent
81	Name Spilegel & Uluna P.A. Street Address (P.D. Box Number is Not Acceptable) 343 almen averus	
82	Street Address (P.O. Box Number is Not Acceptable)	
	343 almerin arenue	

3. Date Incorporated or Qualified 04/09/1998 4. FET Number

59-3503867

5 Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the corrent year Intangible

Trost Fond Contribution

FILED

99 MAR 15 PM 3:31

SECRETARY OF STATE

BALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

City Co/al Gables 84 85 Zin Code 3313억 Elorida Statutes, the above named corporation submits this statement for the purpose of changing its registered Thange was authorized by the corporation's board of directors. Thereby accept the appointment as registered

agent I a	m familiar will, and script the obligation of bection	07.0505, Florida	s Statutés		,		- 00	
SIGNATURE	Significant State Company of the Control of the State Control	العام ال	gebred Agent signature o	en, medical com all things		- J- 8	5-99 .	
12.	OFFICERS AND DIRECTORS	JULE 4-1	13.		CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	Diereton	J DELETE	1.1 TITLE	Director			[] Change	[] Add
NAME	TIES HITTON		12 NAVE	Jeff Hatter	9	Pu ldi	a.F	
STREET ADDRESS	DIRECTOR JEFF HUTTON PO- BOX 1555 LADY LAKE FL. 32158-1555		13 STREET ADDRESS	5/11 50091	PODE FIVE	,00,,)	
CITY-ST-ZIP	LADY LAKE FL. 32158-1555		14 OTY STZIE	Ocala, CL	34480			
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83

14. Thereby certify that the information supplied with this fill: g does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statules. 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

4.4 City-S1-7i2

5.3 STREET ADDRESS

54 OITY-ST ZIP

5 I TITLE

5.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

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