

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90101 032 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000069280

1. Corporation Name  
**RPM PLANT CORPORATION**



Principal Place of Business: 5452 S.W. MARKEL STREET, PALM CITY FL 34990  
 Mailing Address: 5452 S.W. MARKEL STREET, PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1998

2. Principal Place of Business: 21 1053 SE INDIAN ST. Suite, Apt. #, etc. 22  
 2a. Mailing Address: 26 1053 SE INDIAN ST. Suite, Apt. #, etc. 27

4. FEI Number: 65-0857000

Applied For: Not Applicable

23 City & State: STUART FL  
 28 City & State: STUART FL  
 24 Zip: 34994 25 Country: USA  
 29 Zip: 34994 30 Country: USA

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes  No

9. Name and Address of Current Registered Agent  
**FIELDS, JORDAN**  
**416 CORTEZ AVENUE**  
**STUART FL 34994**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVIK, MICHAEL	1.2 NAME	
STREET ADDRESS	5452 S.W. MARKEL STREET	1.3 STREET ADDRESS	1053 SE INDIAN ST.
CITY-ST-ZIP	PALM CITY FL 34990	1.4 CITY-ST-ZIP	STUART, FL 34994
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILUPE, PAUL D	2.2 NAME	
STREET ADDRESS	5452 S.W. MARKEL STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, RON	3.2 NAME	
STREET ADDRESS	5452 S.W. MARKEL STREET	3.3 STREET ADDRESS	1053 SE INDIAN ST.
CITY-ST-ZIP	PALM CITY FL 34990	3.4 CITY-ST-ZIP	STUART, FL 34994
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 by an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4/26/99 561-219-0734

CR2E034 (1/98)