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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** S41708 1. Corporation Name

(6)

ROTOCAST PLASTIC PRODUCTS, INC.

ROTOCAST PLASTIC PRODUCTS, INC.								
Principal Place of	Business	Mailing Address						
3645 N.W. 67 S	STREET	3645 N.W. 67 STREET						
MIAMI FL 3314		MIAMI FL 33147						
					3. Date Incorporated or Qualified	3a. Date		
					03/27/1991	<u> </u>	/21/19	Applied For
. Principal Place	e of Business	2a. Mailing Address			4. FEI Number			Not Applicable
		26			65-0316426			Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee	Required
2		27			6. Election Campaign Financing			May Be
City & Stale		City & State			Trust Fund Contribution			d to Fees
3		28	Coun	try	8. This corporation has liability for	intangible ta	x under s	199.032
Zip ⊐	Country	Zip	30	,	Florida Statutes 📝 Yes	s ∏No		
	9. Name and Address of Curre				10. Name and Address of New	Registered	Agent	
	9. Name and Address of Contract			81 Name				
	M PODERT D		-	B2 Street Add	ress (P.O. Box Number is Not Accepta	ible)	<del>-</del>	
GRUSSM	AN, ROBERT D.			Street Addi	7655 ( 10 25 )			
	7. 67 STREET		Ţ	83				
MIAMI FL	33147		Į.	-			85 2	ip Code
				84 City	oration submits this statement for the pard of directors. I hereby accept the ap	FL	.   `	
or registere familiar with	d agent, or both, in the state of ric a, and accept the obligations of, Se	C(101) 007.0000, 110.000						
or registere famil.ar with	d agent, or both, in the state of rich, and accept the obligations of, Se	ent and little if applicable		Agent signature require		DATE FICERS AND	DIRECT	ORS IN 12
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify that I am an officer or the test 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 chapted, or on an attaching no with an address.

SIGNATURE: