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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S41708** (6)

1. Corporation Name
ROTOCAST PLASTIC PRODUCTS, INC.

Principal Place of Business

**3645 N.W. 67 STREET
MIAMI FL 33147**

Mailing Address

**3645 N.W. 67 STREET
MIAMI FL 33147-7556**



3. Date Incorporated or Qualified
03/27/1991

3a. Date of Last Report
04/22/1996

4. FEI Number
65-0316426

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**GROSSMAN, ROBERT D.
3645 N.W. 67 STREET
MIAMI FL 33147**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D
GROSSMAN, ROBERT D.
3645 N.W. 67 ST.
MIAMI FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D
CORNWALL, ROBERT
3645 N.W. 67 ST.
MIAMI FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D
SCHIDEL, TOM
3645 N.W. 67 ST.
MIAMI FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D
GROSSMAN, ROBERT D., JR.
1101 14 STREET
WASHINGTON DC**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D
GOLDRING, NANCY SUE
13105 ARCH CREEK TERR.
N. MIAMI FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D
LEVITT, IRVING
2328 HUNT CLUB DR.
BLOOMFIELD HILLS MI**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/97

305/693-4680

CR2E034 (9/96)