FILED

Apr 30, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V66574

1. Corporation Name

DYNAMIC PLASTICS, INC.

Principal Place	e of Business	Mailing Address						
1440 CORAL RI	DGE DR	1440 CORAL RIDGE DR	1440 CORAL RIDGE DR					
STE 285		STE 285	•			56		
CORAL SPRINGS FL 33071		CORAL SPRINGS FL 33071				DO NOT WRITE IN THIS SPACE		
us us .						3. Date Incorporated or Qualifed		
,						09/25/1992		
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number		oplied For
21		26				65-0366486		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			ļ	5. Certifcate of Status Desired	• -	Additional
22		27			0 ; command or =====	Fee Re	equired	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		May Be	
23		28				Trust Fund Contribution	Added	to Fees
Zip Country		Zip Country				8. This corporation owes the current year	r Intangible	1/
24	29	30			Personal Property Tax.	☐ Yes	⊅ 0√0	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registe	red Agent	
	-		8	1	Name			
rozenblum, alox			-	12	Charle Adden	ss (P.O. Box Number is Not Acceptable)	<u> </u>	
	CORAL RIDGE DR STE 285		ľ	2	Street Addres	ss (P.O. Box Number is Not Acceptable)		
COR		8	3				,	
•	*		į					
			8	4	City	•	FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ve-	-named corpor	ration submits this statement for the purpos	e of changing its	registered
office or n	egistered agent, or both, in the State	of Florida. Such change was au	thorized t	y ti	he corporation	's board of directors. I hereby accept the ap	pointment as re	gistered
	m familiar with, and accept the obliga	ilions of, Section 607.0505, Flori	ua Statuti	35.				ĺ
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE:	Registered As	fnec	signature required v	when reinstating) DATE		\
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	P DELETE		_	1.1 TITLE			Change	☐ Addition
NAME	ROZENBLAUM, ALEX		1.2 NAM					
ALLO CODEL DIDOR DO ATT COT			1.3 STREET ADDRESS		ADDDECC			
00041 0000100 51 00074								
CITY-ST-ZIP	CORAL SPRINGS FL 33071	☐ DELETE	1.4 CITY		-ZIP		Change	[**] Addition
TITLE	•		2.1 TITLE				□'ouanão	
NAME			2.2 NAM			مسرقي		
STREET ADDRESS	-		2.3 STRE	ET/	ADDRESS .	والمعتمدة المعتمد المعامد المنافقة	والمحاسبة والمحاسبة	
CITY-ST-ZIP			2.4 CITY	-ST	-ZIP			
TITLE	☐ DELETE			3.1 TITLE			☐ Change	Addition
NAME	•		3.2 NAM	3.2 NAME				
STREET ADDRESS	•		3.3 STRE	ET/	ADDRESS			
CITY-ST-ZIP	and the second of the second		3.4. CITY	ST-	:-ZIP			
TITLE	☐ DELETE			4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAM	IF	ĺ			
					ADDRESS			
STREET ADDRESS	100							
CITY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITU	_	-210		Change	☐ Addition
TITLE	•	□ DETEIR	5.1 IIILE 5.2 NAM				. Crisinge	
NAME					ADDRESS .			
STREET ADDRESS	•				ADDRESS			
CITY-ST-ZIP			5.4 CITY		-ZIP		 ~	
TITLE .		☐ DELETE	6.1 TITLE		Į.		Change	☐ Addition
NAME			6.2 NAM	Ė	1			i
I			0.00		ADDDECC			

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 of 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Kature rec'iired RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-623-3224