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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90189 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000066754

1. Corporation Name
T2 EXTRUSION TECHNOLOGIES, INC.

Principal Place of Business 52 YACHT CLUB DRIVE SUITE 108 NORTH PALM BEACH FL 33408	Mailing Address 52 YACHT CLUB DRIVE SUITE 108 NORTH PALM BEACH FL 33408
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/30/1998

21. Principal Place of Business 4900 DYER BLVD.	22. Suite, Apt. #, etc.	26. Mailing Address 4900 DYER BLVD.	27. Suite, Apt. #, etc.	4. FEI Number 65-0854435	Applied For <input type="checkbox"/> -Not Applicable
23. City & State RIVIERA BEACH, FL	28. City & State RIVIERA BEACH, FL	29. Zip 33407	30. Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip 33407	25. Country USA	29. Zip 33407	30. Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRISON, TIMOTHY L		1.2 NAME	
STREET ADDRESS 52 YACHT CLUB DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP NORTH PALM BEACH FL 33408		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARAVELLA, THOMAS B		2.2 NAME	
STREET ADDRESS 52 YACHT CLUB DRIVE		2.3 STREET ADDRESS 4900 DYER BLVD.	
CITY-ST-ZIP NORTH PALM BEACH FL 33408		2.4 CITY-ST-ZIP RIVIERA BEACH, FL 33407	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRISON, ELAINE K		3.2 NAME	
STREET ADDRESS 52 YACHT CLUB DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP NORTH PALM BEACH FL 33408		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARAVELLA, JOANNE N		4.2 NAME	
STREET ADDRESS 52 YACHT CLUB DRIVE		4.3 STREET ADDRESS 4900 DYER BLVD.	
CITY-ST-ZIP NORTH PALM BEACH FL 33408		4.4 CITY-ST-ZIP RIVIERA BEACH, FL 33407	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 4-30-99 561-882-9440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)