

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

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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J99347** (3)
1. Corporation Name
OCTOFOIL GROUP, INC.

Principal Place of Business 6324 COUNTY ROAD 579 SEFFNER FL 33584	Mailing Address %JOHN STANTON 6324 COUNTY ROAD 579 SEFFNER FL 33584-3006
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2. Principal Place of Business 21 100 NORTH TAMPA STREET Suite, Apt. #, etc. 22 2150 City & State 23 TAMPA, FLORIDA Zip 24 33602		2a. Mailing Address 26 100 NORTH TAMPA STREET Suite, Apt. #, etc. 27 2150 City & State 28 TAMPA, FLORIDA Zip 29 33602 Country 30 US		3. Date Incorporated or Qualified 10/12/1987	3a. Date of Last Report 09/24/1996
4. FEI Number 50-2920595 59-3396450		Applied For ☐ Not Applicable		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		7. \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**STANTON, JOHN
6324 COUNTY ROAD 579
SEFFNER FL 33584**

10. Name and Address of New Registered Agent

81 Name JOHN STANTON	85 Zip Code 33602
82 Street Address (P.O. Box Number is Not Acceptable) 100 NORTH TAMPA STREET, SUITE 2150	
83	
84 City TAMPA	86 State FL

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.

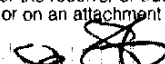
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD STANTON, JOHN 6324 COUNTY ROAD 579 SEFFNER FL 33584	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☒ Change ☐ Addition 100 NORTH TAMPA STREET, SUITE 2150 TAMPA, FLORIDA 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE	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:


JOHN STANTON
ED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 621-4641

CR2E034 (9/96)