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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # J99347

(3)

OCTOFOIL GROUP, INC.

**FILED** Apr 07 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address			, DTBIL BIBLI BIBLI BIBLI BIBLI HERF	
100 N. TAMPA ST. 2150 TAMPA FL 33602 US		100 N. TAMPA ST. 2150 TAMPA FL 33602 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
"		00		10/12/1987		
2. Principal Place of Business		2a, Mailing Address		4. FEI Number	Applied For	
21 1901 N. 13TH STREET		26 1901 N. 13TH STREET		59-3396450	Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		27 /OO City & State			Fee Required	
23 TAMPA FL		28 TAMPA, FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	7 <sub>ID</sub>	Country	8. This corporation owes or has paid the	Added to Fees	
24 336	05 25	29 33605	30	Personal Property Tax due June 30.	Yes 🖺 No	
g, Name and Address of Current Registered Agent				10. Name and Address of New Registe	red Agent	
STA	anton, John		81 Nam	AREY MICHAEL R.		
100 NORTH TAMPA ST.			82 Stree	AREY, MICHAEL R. at Address (P.O. Box Number is Not Acceptable)		
STE. 2150			10	O S. ASHLEY DRIVE, S	VITE 1190	
TAN	MPA FL 33602		83			
			84 City		FL 85 Zip Code 336.07	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above				of corporation submits this statement for the surpo	an of abanaina ita rasintara d	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Whichael 72. Chey MICHAELTE. CARRY 2/12/98						
SIGNATURE	Signature, typod or preshed name of registered ages			re required when reinstating) DA		
12.	OFFICERS AND	····	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE NAME	PD STANITON BOUN	☐ DELETE	1.1 TITLE		Change	
STREET ADDRESS	STANTON, JOHN 6324 COUNTY ROAD 579		1.2 NAME	STANTONS JOHN		
CITY-ST-ZIP	SEFFNER FL 33584		1.3 STREET ADDRESS	1901 N. 13TH STREET, TAMPA, FL 33605	3017 6 100	
TITLE	OCT THEFT I C 00004	DELEVE.	1.4 CITY-ST-ZIP 2.1 TITLE	1 AMPA, FL 33603	Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY-ST-ZIP			
TITLE		DELETE	3 1 TITLE		Change Addition	
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS	•		
CITY-ST-ZIP TITLE		DELETE	3 4. CITY - ST - ZIP			
NAME		L_ Direct	4.1 TITLE		Change    Addition	
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 City - St - ZiP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		<b>!</b>	
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			62 NAME			
STREET ADDRESS			63 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 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 of 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: