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 # S52470

(9)

GIRAFFE PACKAGING CORPORATION

FILED Mar 19 1998 8:00am Secretary of State

	A. U. A. A. J.		- <u>-</u>		
Principal Place of Business Mailing Address		-			
6244 CLARK CENTER AVE 6244 CLARK CENTER AVE UNIT #1		Æ			
SARASOTA FL 34238 SARASOTA FL 34238				DO NOT WRITE IN THE	S SPACE
US	US			3. Date Incorporated or Qualified	
	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			05/15/1991	1 4
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			65-0264357	\$8.75 Additional
22 27				5. Certificate of Status Desired	Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	'	8. This corporation owes or has paid the o	
24 25	20	30		Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
9. Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New Registere	а хрепі
BLATE, MARK A		ا"ا	Name		
8201 SHADOW PINE WAY		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34238		83			
					last was a r
1		84	City	F	L 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of	and 607.1508, Florida Statu	tes, the above	e-named corp	oration submits this statement for the purpose	of changing its registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat	f Florida, Such change was ions of, Section 607,0505, Fl	authorized by lorida Statutes	/ the corporati s.	ion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE					
Signature, typed or printed name of registered agent			ont signature require	ed when reinstating) DATE	10 01050T0000 IV 40
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE PD	☐ DELETE	1.1 TITLE			Li change Li Addition
NAME BLATE, MARK A STREET ADDRESS 8201 SHADOW PINE WAY		1.2 NAME 1.3 STREET	ADDOCCC		
A4714471		1.3 STREET	1		
TITLE STD		2.1 TITLE	1-71L		
NAME BLATE, SHARON A	☐ DELETE	2.1 HILE			Change Addition
STREET ADDRESS 8201 SHADOW PINE WAY	☐ DETELE				Change Addition
CITY-ST-ZIP SARASOTA FL	☐ DELETE	2.2 NAME 2.3 STREET	ADORESS		Change Addition
	☐ DELETE	2.2 NAME			Change Addition
TITLE	☐ DELETE	2.2 NAME 2.3 STREET			Change Addition
		2.2 NAME 2.3 STREET 2.4 CITY-S			
TITLE		2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	ST-ZIP ADDRESS ST-ZIP		Change Addition
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MARK A. BLATE