

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F05047 (8)**  
1. Corporation Name  
**CALPAC INC.**



Principal Place of Business: **2032 HILLVIEW ST SARASOTA FL 34239**  
Mailing Address: **2032 HILLVIEW ST SARASOTA FL 34239**

3. Date Incorporated or Qualified: **11/03/1980**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **700 Benjamin Franklin Dr.**  
2a. Mailing Address: **700 Benjamin Franklin Dr.**  
21. City & State: **Sarasota, Florida**  
22. Zip: **34236**  
23. Country: **U.S.A.**  
24. City & State: **Sarasota, Florida**  
25. Zip: **34236**  
26. Country: **U.S.A.**

4. FEI Number: **59-2032061**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$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**

**10. Name and Address of New Registered Agent**

**CHARTER ONE RESORTS/J. POPIELINSKI  
2032 HILLVIEW ST  
SARASOTA FL 34239**

81. Name: **PAMELA R. ORR / CALPAC, INC.**  
82. Street Address (P.O. Box Number is Not Acceptable): **700 Benjamin Franklin Drive**  
83. City: **Sarasota**  
84. State: **FL**  
85. Zip Code: **34236**

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: *Pamela Orr* **PAMELA R. ORR** February, 1996  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	VD	NAME	ROBIN, CARLA	STREET ADDRESS	12761-16TH AVE., #300	CITY-ST-ZIP	SURREY, BC CANADA	<input type="checkbox"/> DELETE
TITLE	PD	NAME	HASSELL, ROBERT	STREET ADDRESS	12761 16TH AVE., #300	CITY-ST-ZIP	SURREY, BC CANADA	<input type="checkbox"/> DELETE
TITLE	STD	NAME	HASSELL, FLORENCE	STREET ADDRESS	12761-16TH AVE., #300	CITY-ST-ZIP	SURREY, BC CANADA	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Carla Robin* Vice President/Director Feb. 13/96 (604) 536-5722  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)