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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90035 050 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F05047

1. Corporation Name
CALPAC INC.



Principal Place of Business
**700 BENJAMIN FRANKLIN DRIVE
 SARASOTA FL 34236
 US**

Mailing Address
**700 BENJAMIN FRANKLIN DRIVE
 SARASOTA FL 34236
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/03/1980

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
59-1441257

Applied For
 Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
24 **25**

Zip Country
29 **30**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ORR, PAMELA R.
 700 BENJAMON FRANKLIN DRIVE
 SARASOTA FL 34236**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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	PD	<input type="checkbox"/> DELETE
NAME	ROBIN, CARLA	
STREET ADDRESS	12761-16TH AVE., #300	
CITY-ST-ZIP	SURREY, BC CANADA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HASSELL, ROBERT	
STREET ADDRESS	12761 16TH AVE., #300	
CITY-ST-ZIP	SURREY, BC CANADA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HASSELL, FLORENCE	
STREET ADDRESS	12761-16TH AVE., #300	
CITY-ST-ZIP	SURREY, BC CANADA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BROWN, CHRIS L	
STREET ADDRESS	700 BENJAMIN FRANKLIN DR	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHOUTEN, DIANE	
STREET ADDRESS	1276-16TH AVE, SUITE 300	
CITY-ST-ZIP	SURREY BC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUNTER, TIMOTHY C	
STREET ADDRESS	700 BENJAMINFRANKLIN DR	
CITY-ST-ZIP	SARASOTA FL 34236	

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 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:

Chris L. Brown Chris L. Brown 2/16/99 941-388-2161
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)