

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

2. Principal Place of Business

21 700 Benjamin Franklin Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 700 Benjamin Franklin Dr.
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
11/03/1980

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2032061

Applied For
Not Applicable

5. Certificate of Status Desired

XX

\$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

23 City & State
Sarasota, Florida

28 City & State
Sarasota, Florida

24 Zip Country
34236 U.S.A.

29 Zip Country
34236 U.S.A.

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
PAMELA R. ORR / CALPAC, INC.

82 Street Address (P.O. Box Number is Not Acceptable)
700 Benjamin Franklin Drive

83

84 City
Sarasota 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VD
ROBIN, CARLA
12761-16TH AVE., #300
SURREY, BC CANADA

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PD
HASSELL, ROBERT
12761 16TH AVE., #300
SURREY, BC CANADA

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
STD
HASSELL, FLORENCE
12761-16TH AVE., #300
SURREY, BC CANADA

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

□ Change ☐ Addition

□ Change ☐ Addition

□ Change ☐ Addition

□ Change ☐ Addition

□ Change ☐ Addition

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)