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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Katherine Harris

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90171 023 \*\*\*150.00

1. Corporation	MENT # <b>F47440</b> In Name S-PAK, INC.						
Principal Place	e of Business	Mailing Address		, <del></del>	1 (00)(00) (1)(0) (1)(0) (1)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)	MAN MEMBER MANAGE	BIBIC #7871 (#81
123 COCOANUT AVE 123 COCOANUT AVE							
SARASOTA FL 34236 SARASOTA FL 34236							
US					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 10/06/1981		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	T A	pplied For
21		26			59-2178471	N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27		_	5. Certificate of Glattis Desired	Fee R	equired*
City & State	е	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Žip	Country	Zîp	Country		8. This corporation owes the current year Inte		
24	25	29	30	. <u> </u>	Personal Property Tax.	Yes	₽No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	ent	
FAMIGLIETTI, MARK EDWARD 1653 PROSPECT ST SARASOTA FL 34239			82	Name Street Add	ress (P.O. Box Number is Not Acceptable)	85 Zip	Code
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agen	of Florida, Such change was autions of, Section 607.0505, Flor  It and bits of applicable. (NOTE:	ithorized by trida Statutes.  Registered Agent s	ie corporati	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint so when reinstating)	unent as r	egistered
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change	
TITLE	PST	☐ DELETE	1,1 TITLE	- 1	•	Change	1 Addition
NAME	FAMIGLIETTI, MARK E.		1.2 NAME				j
STREET ADDRESS	1653 PROSPECT ST.		1.3 STREET A	DDRESS			Ì
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-	ZIP			<u></u>
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	Famiglietti, mark e.		2.2 NAME	-			
STREET ADDRESS	1653 PROSPECT ST.		2.3 STREET A	DDRESS			1
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-ST-	ZIP	<u> </u>	×	
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME	1			
STREET ADDRESS			3.3 STREET A	DDRESS			
CITY-ST-ZIP			3.4. CITY-ST-	ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4.2 NAME	ĺ			
STREET ADDRESS			4.3 STREET A	ODRESS			
			1	1			}
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE			☐ Change	☐ Addition
			5.1 TITLE 5.2 NAME				_
NAME			5.3 STREET A	DDRESS			
STREET ADDRESS				Į.			ļ
CITY-ST-ZIP		□ BELETE	5.4 CITY- ST-			☐ Change	Addition
TITLE		☐ DELETE		Ì		m cuange	C Addition
NAME			6.2 NAME				ļ
STREET ADDRESS			6.3 STREET A	DORESS			
CITY-ST-ZIP			6.4 CITY-ST-	ZIP			

14. 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: