FILED Feb 21, 1999 8:00 am

Secretary of State

02-21-1999 90053 021 ***150.00

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

-PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300001460

CUSHION-PAK, INC.		,				
Principal Place of Business Mailing Address						
240 BOUNDARY ROAD MARLBORO NJ 07746	C/O CUST. DOR! & BENICK 110 MAIN ST., P. O. BOX 372 FLEMINGTON NJ 08822 US		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualified 03/24/1993			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For			
⊢ ₁ '	26		22-1950227 Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip Country		untry	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No			
24 25 9. Name and Address of Currer			10. Name and Address of New Registered Agent			
	I Kegistered Kgam	81 Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324		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.

agent. i ai	m tarrillar with, and accept the obligations of costs.					1
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	e. (NOTE: Rec	gistered Agent signature re	equired when reinstating) DATE	5:55570	20 11 12
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	Addition
TITLE	PCD	☐ DELETE	1.1 TITLE	u T	⊠ change	- Vagarou
NAME	BUSSEY, HARRY JR.		1.2 NAME	Bussey Harry Jr # 1803		1
STREET ADDRESS	440 SEAVIEW CT NW TOWER 4 #1812		1.3 STREET ADDRESS	410 CARE MICO		ļ
CITY-ST-ZIP	MARCO ISLAND FL		1.4 CITY-ST-ZIP	Marco Island, FL 34145	Change	Addition
TITLE	S	☐ DELETÉ	2.1 TITLE	<u>~</u>	A Change	
NAME	BUSSEY, JOYCE		2.2 NAME	Bussey, Joyce 910 cape Harco Dr. # 1803 Marco Island Fl 34145		1
STREET ADDRESS	440 SEA VIEW CT NW TOWER 4 #1812		2.3 STREET ADDRESS	910 Cape Harco St. #		
CITY+ST-ZIP	MARCO ISLAND FL		2. 4 CITY-ST-ZIP	Horco Island F1 34146	☐ Change	Addition
TITLE		☐ DELETE	3.1 TITLE		onange	
NAME		Ï	3.2 NAME			Ì
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE			_ {
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			}
CITY-ST-ZIP		C] ac exc	4.4 CITY-ST-ZIP	<u> </u>	Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			
NAME			5.3 STREET ADDRESS			
STREET ADDRESS	3		5.4 CITY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		Change	☐ Addition
TITLE		☐ DEFE IE	6.2 NAME			•
NAME			6.3 STREET ADDRESS			ļ
STREET ADDRESS	5		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. CITY-ST-ZIP

SIGNATURE:

ING OFFICER OR DIRECTOR