## 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 # **F96000000698**

PORTION PAC, INC.

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

02-01-1999 90008 026 \*\*\*150.00



						BOILL PRINC BING IGIGE JAKE LARF	
Principal Place of Business Mailing Address					·	;	
7325 SNIDER RD. 7325 SNIDER RD.							
MASON OH 45040-9601		MASON OH 45040-9601			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	· .	
					02/12/1996		
2- Mailing Address			troce ·		4. FEI Number	Applied For	
2. Principal Place of Business		<u></u>	2a. Mailing Address		31-0836538	Not Applicable	
21		26 Suite Apt # etc	Suite, Apt. #, etc.			\$8.75 Additional	
Suite, Apt. #	t, etc.	<b>├</b> ─ ` ` ` `			5. Certificate of Status Desired.	Fee Required	
22		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
City & State		. — '	<b>⊢</b> '		Trust Fund Contribution	Added to Fees	
23 Country		Zip Country		8. This corporation owes the current year Ir	tangible		
Zip			30		Personal Property Tax.	Z>Yes LINo	
24	9. Name and Address of Curre		<del></del>		10. Name and Address of New Registered	Agent	
	9. Name and Address of Curre	Mr. Registered Agent	81	Name	. •		
сто	CORPORATION SYSTEM	en e	-	N China = 4 A 21 = 3	ress (P.O. Box Number is Not Acceptable)		
	SOUTH PINE ISLAND ROAD		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	1 # M	
	TATION FL 33324		83	3 .	्रकारी है है। है। इन्हें के किया है के अधिक में देश है है।	[基] ( 與時間 報告) 時間 [新] [ [ ]	
,	THAIDING EXCEPTION			<u> </u>		85 Zip Code	
			84	1 1	FI	L   1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
progressioners	0.70	COO - 1 CO7 1500 Elorida Statutos	the above	ve-named cort	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered	
.11. Pursuant t	to the provisions of Sections 607.03	e of Florida: Such change was aut	horized by	y the corporati	oration submits this statement for the purpose to on's board of directors. I hereby accept the appr	ointment as registered	
agent. I ar	egistered agent, or both, in the Stat n familiar with, and accept the obli	gations of, Section 607.0505, Florid	da Statute	\$.			
					ed when reinstating) */ ;** DATE	<del>' · · · · · · · · · · · · · · · · · · ·</del>	
Signature, typed or printed frame of registerior significant Control of the Signature of th				Aur ordinary and rading	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
12		DELETE	13.		9 5 6 PLANE (195	☐ Change ☐ Addition	
TITLE	PD		1.2 NAME		्रा १ प्राप्त क्षाप्तक्षित्र क 		
NAME	JACK, A C III			ET ADDRESS	and the second of the second o	. 1	
STREET ADDRESS	7325 SNIDER RD		i i			<u> </u>	
CITY-ST-ZIP	MASON OH 45040-9601	☐ DELETE	1.4 CITY-			Change Addition	
TITLE	VTS		2.1 TILL	1			
NAME	DAILY, FRANCIS W	•					
STREET ADDRESS	1062 PROGRESS ST.	e e e e e e e e e e e e		ET ADDRESS	es e		
CITY-ST-ZIP	PITTSBURG PA 15219	A CONTRACTOR OF THE PARTY OF TH	2. 4 CITY			☐ Change ☐ Addition	
TITLE / T	Department of the	ested to the Cost in □ DELETE	3.1 TITLE	\ \	·	_	
NAME ()	SPRINGER, WILLIAM C		3.2 NAMI	I		. 19 <b>0</b> 4 . No. 18 f r 15 ider but 186 r	
STREET ADDRESS	1062 PROGRESS ST		1	ET ADDRESS	27		
СПУ-ST-ZIP	PITTSBURGH PA 15212		3.4. CITY		(***) ** (***) ** (********************	Change to Addition	
TITLE	S	☐ DELETE	4.1 TITLE		to the state of the state of the		
NAME CHROSTI	.DAVIS, KARYLL A	7325 and 3.75	4. 2 NAW		•		
STREET ADDRESS	TOOK COART OF COTH ELOC	OR MAN I I WAR I WAR	4.3 STRE	EET ADDRESS			
CITY-ST-ZIP	PITTSBURGH PA 15219		4.4 CITY			Change Addition	
TITLE	T	☐ DELETE	5.1 TITL		in the second se	C1 01401.90	
NAME	CAPONI, CATHERINE A		5.2 NAM	1 .	· A Selection of		
STREET ADDRESS	AAA ONANT OF COTU ELO	OR		EET ADDRESS	ay a face of the		
CITY-ST-ZIP	PITTSBURGH PA 15219			-ST-ZIP		☐ Change ☐ Addition	
TITLE	CT-03-7-12 B	☐ DELETE	6.1 TITL		the second secon	☐ cusude ☐ vadinari	
NAME	GAERTNER DAVID J		6.2 NAM				
STREET ADDRESS	AGO ODOODEOC CE		6.3 STR	EET ADDRESS		•	
STREET AUDICESS	PITTSRURGH PA 15219		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

Daytime Phone #