PROFIT CORPORATION ANNUAL REPORT

1999

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002033

## MICROPACK CORPORATION

Principal Place of Business M 4622 GALL BOULEVARD. BOX 9005 4

Mailing Address

4622 GALL BOULEVARD, BOX 9005 ZEPHYRHILLS FL 33539-9005

## FILED Aug 10, 1999 8:00 am Secretary of State

08-10-1999 90018 036 \*\*\*550.00



781)235 /913 x22

ZETTITITIEES TE SOOS SOOS		ZETTITITIEED TE 00000 0000		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				04/18/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For	
21		26 386 WASHING	TON ST.	59-3434092 Not Applicable	
Suite, Apt. #, etc. Suite, Apt#, etc.				5. Certificate of Status Desired \$8.75 Additional	
22		27	,	Fee Required	
City & State City & State				6. Election Campaign Financing \$5.00 May Be	
23		28 WELLESLEY	MA	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 02481	30 U.S.	Intangible Personal Property. Yes V No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
			81 Nam	ne	
C T CORPORATION SYSTEM			82 Street Address (P.O. Box Number is Not Acceptable)		
1200 SOUTH PINE ISLAND ROAD			62 346	et Address (F.O. Dox Number is Not Acceptable)	
PLANTATION FL 33324			83		
İ					
~~			, 84 City	FL 85 Zip Code	
44 Dumunt	to the provisions of postions 607.0503	and 607 1508 Florida Statutor	the above name		
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			TT. De eletere d'A es ed ele	nature required when reinstating) OATE	
	Signature, typed or printed name of registered agent of OFFICERS AND	<del></del>	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	PCTD		1.1 TITLE	Change V Addition	
	KACHADURIAN, K	DELETE	1.2 NAME	IMES M. MORGAN	
NAME	•			38CWASHING TON ST	
STREET ADDRESS	55 WILLIAM STREET		1.3 STREET ADDRES	WELLESCEY MA 02481	
CITY-ST-ZIP	WELLESLEY MA		1.4 CITY-ST-ZIP		
TITLE	S NORSE IR BIOLIABRA	DELETE	2.1 TITLE	- LACKER - LACKER	
NAME	MORSE JR, RICHARD S		2.2 NAME	1	
STREET ADDRESS	1601 TRAPELO RD	ري, سانية الراسان	2.3 STREET ADDRES	WELL ( TE EY - MA 0248)	
CITY-ST-ZIP	WALTHAM MA		2.4 CITY-ST-ZIP	T   T   T   T   T   T   T   T   T   T	
TITLE		DELETE	3.1 TITLE	PETER D. PARKER DIRECTOR _ Change Addition	
NAME			3.2 NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
STREET ADDRESS			3.3 STREET ADDRES	SS ST WILLIAM ST. WELLESCEY, MA 02481	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Weller, of the second	
TITLE		DELETE	4,1 TITLE	STUART A. AUERBACH Change Addition	
NAME		·	4.2 NAME	DIRECTOR  5T WILLIAM 5T.	
STREET ADDRESS			4.3 STREET ADDRES	SS 55 00 50 50 AAA 5024/81	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	WELLESLEY MA 02481	
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME }			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRES	ss	
CITY-ST-ZIP			5.4 CITY-ST-ZiP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
			6.3 STREET ADDRES	22	
STREET ADDRESS				~	
CITY-ST-ZIP	wife, that the information cumplied with t	his filing does not qualify for th	6.4 CITY-ST-ZIP	d in section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated of an officer of	on this annual report or supplemental a or director of the corporation or the rec	nnual report is true and accur eiver or trustee empowered to	ate and that my signer execute this repo	gnature shall have the same legal effect as if made under oath; that I am it 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.					