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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L39132

(0)

**AUTOMATION PACKAGING, INC.** 

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Apr [	17 1	998	8:00am
Sec	creta	ary c	of State

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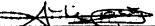
Delegate at Di	of O	Ad-line Orlehan				-				
•	ace of Business	Mailing Address						J		*-
6206 BENJA TAMPA FL	amin road. Suite 309 33634	6206 BENJAMIN TAMPA FL 33634	ROAD. SUITE 309							
Tramers 14	•••	(Amin is open	•			DO NOT WRITE	IN THIS S	PACE		
						3. Date Incorporated or Qualified				
						12/29/1989				
<del>−</del> i '	1 Place of Business	2a, Mailing Addr	ess			4. FEI Number				lied For
1		26				59-2993429				Applicab
Suite, Ap 2	pt #, etc	Suite, Apt. #,	etc.			5. Certificate of Status Desired			5 Ad Requ	lditional Jired
City & S	tato	City & State				8. Election Campaign Financing		\$5.0	00 м	lay Be
3		26				Trust Fund Contribution		Adde	ed to	Fees
Zip	Country	Zip	Coun	ilry		8. This corporation owes or has pai	_			
<u> </u>	25	29	30			Personal Property Tax due June		Yes		No
	g, Name and Address o	of Current Registered Agent				10. Name and Address of New Re	glatered A	gent		
	IORRISON, THOMAS K.		1	81	Name					
	200 W PLATT ST SUITE 100		Ī	B2	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
	AMPA FL 33606		Į.	ВЭ						
•			1	84	City			<b>85</b> Z	ip Co	ode
						oration submits this statement for the pon's board of directors. I hereby accep	<u>FL</u>			
2.		DERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	DP	□ DE	LETE 1.4 TITL	.E				Chang	je i	Additio
NAME	LIMOUSIN, JEAN-LOU		1.2 NAN		1					
STREET ADDRES		S LANE	1.3 STR	EET A	ADDRESS					
CITY-ST-ZIP	CLEARWATER FL		1.4 C(T)		- ZIP		<del></del>			
IITLE	DV	□ DE						∐ Chang	je	Additio
NAME	WENNIK, KEITH D.	_	2.2 NAM	-	İ					
STREET ADORES	1	E	2.3 S1R	EET #	ADDRESS					
CITY - ST - ZIP	TAMPA FL		2. 4 CIT		r-ZiP			<del>п</del>		
TITLE		□ DE						☐ Chang	je (	Additio
NAME			3.2 NAM							
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CITY-ST-ZIP		DE	34. CiT		- ZIP			- Observe		Addition
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NAME	.		4 2 NAI							
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CITY - ST - ZiP										
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TITLE NAME		□ D€	4.4 CITY LETE 5.1 TITL 5.2 NAW	r-st .e Me	- ZIP			☐ Chang	је <u>[</u>	Additio
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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.

62 NAME 63 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-S1-ZIP



CR2E034 (10/97