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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DOCUMENT # P9300001336 (5)

PAPER CHASERS INC. OF SOUTH FLORIDA

	ž.			
Principal Place	e of Business	Mailing Address		Carriade in laine and said said said said said said said sai
P O BOX 355		P O BOX 3557		
FLORIDA CITY	FL 33034	FLORIDA CITY FL 33034		DO NOT WRITE IN THIS SPACE
	a K			3. Date Incorporated or Qualified
	*1 ** ** ** ** ** ** ** ** ** ** ** ** *			01/07/1993
2. Principal Pr	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21	** 	26		65-0379955 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		City & State		Fee Required
City & State	;	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25		30	Personal Property Tax due June 30.
<u></u>	9. Name and Address of Curr			10. Name and Address of New Registered Agent
KUI	LBABA, STANLEY		81 Name	
858	ELLEN DRIVE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)
(KE)	/ LARGO FL 33037			
	*		83	
	[84 City	85 Zip Code
				FL
11. Pursuant t	to the provisions of Sections 607.0!	502 and 607.1508, Florida Sta tute te of Florida. Such change was ar	s, the above-named corp uthorized by the corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obt	igations of, Section 607.0505, Flor	ida Statutes.	, , ,
SIGNATURE		Alore	Registered Agent signature require	red when reinstaling) DATE
12.	Signature, typed or printed name of registered a OFFICERS A	IND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPST	DELETE	1.1 TITLE	Change Addition
NAME	KULBABA, STANLEY		1.2 NAME	
STREET ADDRESS	\$58 ELLEN DR.		1.3 STREET ADDRESS	
CITY-S1-ZIP	Key largo fl		1.4 CITY-ST-ZIP	
TITLE	P	DELETE	2 1 TITLE	Change Addition
NAME	KULBABA, STANLEY		2 2 NAME	8
STREET ADDRESS	\$58 ELLEN DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEY LARGO FL	D politic	2. 4 CITY-ST-ZIP	Ob., Change of Addition
TITLE	:	☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS	÷		3.3 STREET ADDRESS	
CITY-ST-ZIP	-	DELETE	3.4. CITY-ST-ZIP	Change Addition
TITLE	÷		4.1 TITLE	Oriongo Advinor
NAME CIPIET ADDRESS	# -		4. 2 NAME 4.3 STREET ADDRESS	
STREET ADDRESS	:		4.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	

5.4 CITY-ST-ZIP

63 STREET ADDRESS

64 CITY-S1-ZIP

6.1 TITLE

6.2 NAME

DELETÉ

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 altachment with an address.

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-07/01/98--01011--**02**0

***150.00

FILED

Jun 29 1998 8:00am

Secretary of State