## 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

## **FILED** Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90042 001 \*\*\*150.00

DOCUMENT #	P93000045266
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1. Corporation Name

STAMAK INTERNATIONAL, INC.

Principal Place	e of Business	Mailing Address				
7006 STAPOINT	COURT	7006 STAPOINT, COURT				
SUITE D SUITE D				DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE	
WINTER PARK FL 32792 WINTER PARK FL 32792 US US			3. Date Incorporated or Qualifed			
US		00		06/16/1993		
<u> </u>	land of Divisions	2a. Mailing Address	<del></del>	4. FEI Number	Applied For	
<u> </u>	ace of Business	<u> </u>	at Comt	59-3191392	Not Applicable	
Suite Apt # etc.			is it COULT		\$8.75 Additional	
				5. Certifcate of Status Desired	Fee Required	
City & Stat		City & State	* .	6. Election Campaign Financing	\$5.00 May Be	
			"Pl	Trust Fund Contribution Added to Fees		
Zip Country U.S.A. Zip			Country			
ผ ซึ่มา 🤄	25 (PACE -	29 32792 30	บร.ค.			
<u>ر حار ۱۳۰</u>	9. Name and Address of Current			10. Name and Address of New Register	ed Agent	
			81 Name	Tack II I availa		
	DIE, JACK M		82 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
3500	ALOMA AVE W6			OLO Sta Doint Court	SuitED	
WINT	ier Park fl 32792		83			
			01		85 Zip Code	
			84 (Sity 3)	intertack. F	FL 85 Zip Code 3	
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 r	egistered agent, or both, in the State of m ismitiar with, and accept the obligation	t Florida. Such chande was autr	iorized by the como	pration's board of directors. I hereby accept the ap	ppointment as registered	
	m ramiliar vitri, and accept the obligation		.A.J. 0 \	1.12 Hesident 3-2	3-95	
SIGNATURE	Standure, typed or printed name of egistered agent	and title if applicable. (NOTE: Re	egistered Agent signature re	equired when reinstating) DATE	<del></del>	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	thesiden t	Change	
NAME	LAVOIE, JACK M		1.2 NAME	Jack M. LAVOIR		
STREET ADDRESS	3500 ALOMA AVE BLDG W6	•	1.3 STREET ADDRESS	7006 Stapoint Couet	Scite 12	
CITY-ST-ZIP	WINTER PARK FL 32792	· · · · · · · · · · · · · · · · · · ·	1.4 CITY-ST-ZIP	WinterPack Fl 327	<u> </u>	
TITLE	T	☐ DELETE	2.1 TITLE	Vice President	Change	
NAME	LAVOIE, TRACY		2.2 NAME	Tracy LAvoie		
STREET ADDRESS	ACAA ALOUA AVE DIDO MA		2.3 STREET ADDRESS	TOOL Stapping Cou	rt suited	
CITY-ST-ZIP	WINTER PARK FL 32792		2.4 CITY-ST-ZIP	Winter PARK, Fl 327	2 a	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME		•	3.2 NAME		,	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ OELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME	-		
STREET ADDRESS	]		5.3 STREET ADORESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELET <b>E</b>	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
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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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if shanged by on an effectment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)

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