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

PROFIT CORPORATION ANNUAL REPORT 1998



IT ORIDA DEPARTMENT OF STATE

Sandra B. M. than

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

PS

P9500000658 (1)

FILED Mar 18 1998 8:00am Secretary of State

CRAMPAC, INC.						
		Í./		I ANTARIA DIA MANARA MINALANARA MURU NARKI RAMPA	DIN DOMA BUNK ORIDI KOM YOO	
	mom_a	·				
Principal Place of Business		Mailing Address			Tret marte Aries mildt efter lant.	
20100 SALTSDALE RD. UMATHLA FL 32784		20100 SALTSDALE RD. UMATILLA FL 32784		:		
OMNINUM PE 32704		UMATILLA PE 32704		DO NOT WRITE IN THE	S SPACE	
				3. Date Incorporated or Qualified		
				01/04/1995		
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt. #, etc		Suite, Apt. #, etc.		59-3301200	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Cognitry	Z(j)	Country	8. This corporation owes or has paid the o	current year Intangible	
24	25		30	Personal Property Tax due June 30.	☐ Yes ☐ No	
	9. Name and Address of Curre	nt Registered Agent	04 1	10. Name and Address of New Registere	d Agent	
	EMENT, G E -		81 Name			
308 E. 5TH AVE.			82 Street Addre	t Address (P.O. Box Number is Not Acceptable)		
MT.	DORA FL 32757		83			
			84 City	F	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above-named corp	oration submits this statement for the purpose		
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	D. 121/1			adechas 9-1	9-98	
SIGNATURE	Signature, typind or printed name of registered as	peni reid title impolicable (NOTE	M n K C. Va Registered Agent signature require	n Jerhoos 2-1 ad when reinstating) DATE		
12.	r . 	ID DRI CTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D D	☐ DEFETE	1.5 TOTLE		☐ Change ☐ Addition	
NAME Overs aboves	VANDERHOOF, FRANK 20100 SALTSDALE RD.		1.2 NAME			
STREET ADDRESS CITY-ST-ZIP	UMATILLA FL 32784		13 STREET ADDRESS		ļ;	
TITLE	D	DELETE	1.4 CITY-SY-ZIP 2.1 TITLE		Change Addition	
NAME	VANDERHOOF, ROSE		2.2 NAME			
STREET ADDRESS	20100 SALTSDALE RD.		23 STREET ADDRESS			
CITY-ST-ZIP	UMATILLA FL 32784		2. 4 CITY-ST-ZIP			
THE	D	☐ DELETE	3 1 TITLE		Change Addition	
NAME	Mousadi, alexis		3 2 NAME			
STREET ADDRESS	37123 WEST C.R. 44A		3 3 STREET ADDRESS			
CITY - ST - ZIP	EUSTIS FL 32726	······································	3 4. CITY-ST-ZIP			
THILE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4 4 CITY - ST - ZIP 5 1 TITLE		Change Addition	
NAME		La Disch	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5 4 City - ST - ZiP			
TITLE		☐ DELETE	6.1 THILE	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY - ST - ZIP			6.4 CITY - ST - ZIP			
14 I hereby o	ported that the information supplied w	with this filling clone not qualify for	the exemption stated in 5	Section 119 07(3)(i) Florida Statutes I further	certify that the information	

14. Thereby 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 this constraint 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

SIGNATURE: Tombe & landerhood

2-18-58

CR2E034 (10/97)