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 May 07, 1999 8:00 am Secretary of State

05-07-1999 90075 049 ***150.00

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DOCUMENT #	P95000000658
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Corporation Name

CRAMPAC, INC.

							(1883)880 ((8 (808) 81)) 880) 880) 8844 8844 8844	. COME OMBI I	kiran fari raak
Principal Place	e of Business		lailing Address					•	
20100 SALTSDALE RD. 20100 SALTSDALE RD.									
UMATILLA FL 32784 UMATILLA FL 32784						DO NOT WRITE IN THIS SE	->		
							3. Date Incorporated or Qualified		
							01/04/1995		•
2. Principal P	lace of Business	2a	. Mailing Address				4. FEI Number	Apr	lied For
21		26	- -				59-3301200	Not	Applicable
Suite, Apt.	#. etc.	- 1201	Suite, Apt. #, etc.					\$8.75 A	dditional
22	,, 5.5.	27					5. Certificate of Status Desired	Fee Red	uired
City & Stat	e		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution	Added to	
Zip	Country		Zip	Cou	ntry		8. This corporation owes the current year Intang	jible	. ,
24	25	29		30			Personal Property Tax.	Yes	□No]
	9. Name and Address of Curren	nt Regi	stered Agent				10. Name and Address of New Registered Ag	ent	
					81	Name			
	MENT, G E				82	Ctrack Add	dress (P.O. Box Number is Not Acceptable)		
	E. 5TH AVE.			1	04	Street Add	dress (P.O. Box Number is Not Acceptable)		1
MT.	DORA FL 32757				83			~	
				,	L.			2=1 3:= C	inde
					84	City	FL	85	ode
11. Pursuant	to the provisions of Sections 607:050	2 and	607,1508, Fforida Statut	es, th®a	bove	e-named cor	rporation submits this statement for the purpose of ch	anging its	registered
office or re	egistered agent, or both, in the State	of Flori	ida, Such change was a	uthorized	i by	the corporat	tion's board of directors. I hereby accept the appointm	ient as reg	istered
	A		, 000, 000, 110	ilda Otali	4.00	•	march 22	100	a
SIGNATURE	Signature, typed or printed name of registered age	ent and title	a if oblicable. (NOTE	Registered	Agen	nt signature requi	ired when reinstating) DATE		_
12. '	OFFICERS AT			13.	_		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	D		☐ DELETE	1.1 111	πE		[] Change	☐ Addition
NAME	vanderhoof, frank			1.2 NA	ME	1			
STREET ADDRESS	20100 SALTSDALE RD.			1.3 ST	REET	T ADDRESS			
CITY-ST-ZIP	UMATILLA FL 32784			1.4 CF					{
TITLE	D		☐ DELETE	2.1 TI				Change	☐ Addition
NAME	VANDERHOOF, ROSE			22 N		- 1			İ
	20100 SALTSDALE RD.					T ADDRESS			J
STREET ADDRESS				1			** •		
CITY-ST-ZIP	UMATILLA FL 32784		DELETE	3.1 TI		ST-ZIP		Change	Addition
TITLE	_						•		
NAME	MOUSADI, ALEXIS			3.2 NA					[
STREET ADDRESS	37123 WEST C.R. 44A			8		TADDRESS			ļ
CITY-ST-ZIP	EUSTIS FL 32726		O pri tre	_		T-ZIP		Change	Addition
TITLE			☐ DELETE	4.1 77		- (Ľ	7 Cualibe	[] Addison
NAME				4.2 N	AME				Ţ
STREET ADDRESS				4.3 ST	REET	T ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·					T-ZIP			
TITLE			DELETE	5.1 TI]		_ Change	☐ Addition
NAME				5.2 NA	ME				
STREET ADDRESS				5.3 ST	REE	TADDRESS			}
CITY-ST-ZIP		_	· 	5.4 CI	TY-S	T-ZIP			
TITLE			☐ DELETE	6.1 Til	ΠE			Change	☐ Addition
NAME				6.2 N	ME	}			
STREET ADDRESS			×	6.3 ST	REET	T ADDRESS			

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, with all gither like empowered.

6.4 CITY-ST-ZIP

_SIGNATURE:

OFFICER OR DISECTOR

Work 22 1899

Daytime Phone #

CR2E034 (11/98)

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