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

DÖCUMENT #

P95000052511 (9)

AMPAK, INC.

FILED May 21 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			i (\$61)60) ist seile eilli esili bern berk beiki eilis sibes eribs isten nicht (obt
2502 ROCKY PO	DINT DRIVE. SUITE 865	2502 ROCKY POINT DRIVE. SUITE 865		,	
TAMPA FL 33607		TAMPA FL 33607			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					07/07/1995
2. Principal Pla	ce of Business	2a. Mailing Address			
21 4 M.D.	<u> </u>	26 AMPAK G	ם וותם		59-3261970 Not Applica
Suite Worl #	יוור יוטטייט אוני.	Suite Apt. # etc.		- 1110	5. Certificate of Status Desired \$8.75 Additional
²² 14914	WINDING CREEK-CT	27 43 4 W N	NO CK	EEK U	ree nequiled
23	STF. 101 B	CT E	101	R	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
	MPA F County 3613		F Doung	3613	This corporation owes or has paid the current year Intangible
24	WIT A 1 25 L 330 13			0010	Personal Property Tax due June 30. Yes No
	p. Name and Address of Current I	Registered Agent			10. Name and Address of New Registered Agent
JANJ	NUA, JAVED R		81	Name -	JANJUA, JAVED R
2502	ROCKY POINT DRIVE, SUITE 86	i 5	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified OY/O/1/995 4. Fill Number SP-3261970 5. Certificate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Fee Required 7. Trust Fund Contribution S5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent 81 Name JANJUA, JAVED R 82 Street Address (P. O. Braumber is Not Accorpation). SUITE 101 83 TAMPA, FLORIDA 33613 84 City FL 95 Zip Code 1. Trust Fund Contribution FEE P5 Zip Code 1. Trust Fund Contribution FEE FL P5 Zip Code 1. Trust Fund Contribution FEE FL P5 Zip Code 1. Trust Fund Contribution FEE FL P5 Zip Code 1. Trust Fund Contribution FEE FL P5 Zip Code 1. Trust Fund Contribution FEE FL P5 Zip Code 1. Trust Fund Contribution FEE FL P5 Zip Code 1. Trust Fund Contribution FEE FL P5 Zip Code 1. Trust Fund Contribution FEE FL P5 Zip Code 1. Trust Fund Contribution FEE FL P5 Zip Code 1. Trust Fund Contribution FEE FL P5 Zip Code 1. Trust Fund Contribution FEE FL P5 Zip Code 1. Trust Fund Contribution FEE FL P5 Zip Code 1. Trust Fund Contribution FEE FL P5 Zip Code 1. Trust Fund Contribution FEE FL P5 Zip Code 1. Trust Fund Fund Contribution FEE FL P5 Zip Code 1. Trust Fund Fund Fund Fund Fund Fund Fund Fund		
TAM	PA FL 33607	22e. Multing Address 22e. Multing Address 22e. Multing Address 32e. State 12e. Multing Address 32e.			
			83	7	TAMPA, FLORIDA 33613
			84		pg Zin Code
	Andrew Control of the	·			· · · · · · · · · · · · · · · · · · ·
11. Pursuant to office or req agent. I am	the provisions of Sections 607.0502 a gistered agent, or both, in the State of familiar with, and accept the obligation	and 607,1508, Florida Statules Florida. Such change was aut ons of, Section 607,0505, Florid	, the above thorized by da Statutes	e-named co the corporation	corporation submits this statement for the purpose of changing its register pration's board of directors. I hereby accept the appointment as registere
SIGNATURE _					DATE
12.	gnature, typed or printed name of registered agent. OFFICERS AND			nt signature rei	
TITLE	P				
NAME	JANJUA, JAVED R			1	JANJUA. JAVED R
STREET ADDRESS	2502 ROCKY PT DR, STE 865			ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607				TAMPA, FLORIDA 33613
TITLE	Transit a door	DELETE			
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET	ADORESS	
CITY-ST-ZIP			2.4 CiTy - 5	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		Change Add
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Add
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY - S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addi
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CHY-S	1 - ZIP	
TOLE		DELFTE	6.1 TITLE		Change Addi
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP			6.4 CITY-S	1 - ZIP	
14. I hereby ce	rtify that the information supplied with	this filing does not qualify for	the exemp	tion stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the informat
officer or di	ir unis annual report or supplemental a r ect or of the corporation or the receiv	er or trustee emp <mark>owered</mark> to ex	ecute this	report as r	required by Chapter 607, Florida Statutes; and that my name and the
Block 12 or	Block 13 if changed, or on an altach	ment with an address.	_//#11	'\/III <i>MI</i>	