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May 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000052511 (9)

1. Corporation Name
AMPAK, INC.

Principal Place of Business
2502 ROCKY POINT DRIVE, SUITE 865
TAMPA FL 33607

Mailing Address
2502 ROCKY POINT DRIVE, SUITE 865
TAMPA FL 33607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	AMPAK GROUP INC.	26	AMPAK GROUP INC.
22	14914 WINDING CREEK CT	27	14914 WINDING CREEK CT
23	STE 101 B	28	STE 101 B
24	TAMPA, FL 33613	29	TAMPA, FL 33613
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JANJUA, JAVED R 2502 ROCKY POINT DRIVE, SUITE 865 TAMPA FL 33607		81 Name JANJUA, JAVED R 82 Street Address (P.O. Box Number is Not Acceptable) 14914 WINDING CREEK COURT, SUITE 101 83 TAMPA, FLORIDA 33613 84 City TAMPA, FLORIDA 33613 85 Zip Code FL	

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	JANJUA, JAVED R	1.2 NAME	JANJUA, JAVED R
STREET ADDRESS	2502 ROCKY PT DR, STE 865	1.3 STREET ADDRESS	14914 WINDING CREEK COURT, SUITE 101
CITY-ST-ZIP	TAMPA FL 33607	1.4 CITY-ST-ZIP	TAMPA, FLORIDA 33613
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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. 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 is appearing in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

5/8/98 813

CR2E034 (10/97)