PROFIT CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000052511

1. Corporation Name

AMPAK, INC.

Principal Place of Business

Mailing Address

2502 ROCKY POINT DRIVE. SUITE 865

4914 WINDING CREEK COURT #101-B

Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90081 043 ***150.00



4814 WINDING CREEK COURT SUITE 101-B **TAMPA FL 33613** DO NOT WRITE IN THIS SPACE TAMPA FL 33613 3. Date Incorporated or Qualifed <u>07/07/199</u>5 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3261970 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip 8. This corporation owes the current year Intangible Zip Country Personal Property Tax. ☐ Yes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JANJUA, JAVED R Street Address (P.O. Box Number is Not Acceptable) 82

14914 WINDING CREEK COURT #101 **TAMPA FL 33613**

	83									
	84	City			-		FL	85	Zip Code	
he al	pove	-named	corporation :	submits this	s statement	for the purpo	se of cl	hang	ing its register	erec d

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by 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: Re	gistered Agent signature re	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1,1 TITLE	☐ Change ☐ Addition
NAME	JANJUA, JAVED R	1.2 NAME	
STREET ADDRESS	14914 WINDING CREEK COURT SUITE #101	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	•
STREET ADDRESS		2.3 STREET ADORESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	į
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 ADORESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADORESS	
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; that I am officer or director of the corporation or the receive of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears Block 12 or Block 13 if changed, or on an attact