

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000090805 (9)

1. Corporation Name

PAK SALES, INC.



Principal Place of Business

2975 BEE RIDGE ROAD  
SUITE D  
SARASOTA FL 34239

Mailing Address

2975 BEE RIDGE ROAD  
SUITE D  
SARASOTA FL 34239

3. Date Incorporated or Qualified

11/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLADFELTER, LESLIE H  
1023 MANATEE AVENUE WEST  
BRADENTON FL 34205

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

1.2 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

1.3 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

1.4 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

2.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

2.2 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

2.3 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

2.4 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

3.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

3.2 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

3.3 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

3.4 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

4.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

4.2 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

4.3 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

4.4 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

5.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

5.2 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

5.3 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

5.4 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

6.1 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

6.2 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

6.3 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

6.4 TITLE NAME STREET ADDRESS CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Calvin Shearson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 941-921-3108

Date

Daytime Phone #

CR2E034 (12/95)