FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000020027 (4)

SKAMPERS PACKAGE EXPRESS, INC.

FILED May 11 1998 8:00am Secretary of State

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Principal Plac	e of Business	M	ailing Address				- I resignat tim estim basic doits sales doits doite seats doite seats doite and state and seats and seats and seats	
2730 CLYDO SUITE #8 JACKSONVILL		\$	730 CLYDO RD UITE #8 ACKSONVILLE FL 3220	7			DO NOT WRITE IN THIS SPACE	
US		U	\$				3. Date Incorporated or Qualified	
<u> </u>							02/26/1996	
	lace of Business	hi	Mailing Address				4. FEI Number Applied For	
21 Suite, Apt.	# olo	26	Suite, Apt. #, etc.				59-3369466 Not Applicable	
22		27					5. Certificate of Status Desired	
City & State	e		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28	7	T 0			Trust Fund Contribution Added to Fees	
Zip 24	Country	-	Zip	Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	25 Name and Address of Curre	29	lered Agent	[30]	[30]		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
DE			torou Agent	8	нΤ	Name	III. Hamo and Address of from Adjustated Agent	
103	LIAKOFF, DAVID M 30 EDISON AVE			L	2		ess (P.O. Box Number is Not Acceptable)	
JA	CKSONVILLE FL 32204			L	3		,	
				8	14	City	■ 85 Zip Code	
11. Pursuant to the provisions of Soctions 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, Soction 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered as	gont and line	if applicable (NO	TE Registered A	\ q en	nt signature require	of when reinstaling) DATE	
12.	OFFICERS AI	ND DIREC	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD		☐ DELETE	1.1 TITLE	Ē		Change Addition	
NAME	BELIAKOFF, DAVID M			1.2 NAM	E			
STREET ADDRESS	2745 COVE VIEW DRIVE S			1 3 STRE	ET /	ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL		····	14 CITY	-ST	I-ZIP		
TITLE	VSD		DELETE	2 1 TITLE	Ε		Change Addition	
NAME	BELIAKOFF, SANDRA L			2.2 NAM	E			
STREET ADDRESS	2745 COVE VIEW DRIVE S					ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL			2. 4 CITY		T-ZIP		
TITLE			☐ DELETE	3 1 TITLE			Change Addition	
NAME				3.2 NAM				
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP			DELETE	3.4. CITY		T-ZIP	Change Addition	
TITLE			T DECEME	4.1 TITLE			L. Grange L. Accidon	
NAME				4. 2 NAM				
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP			DELETE	4.4 CITY 5.1 TITLE		- ZIP	☐ Change ☐ Addition	
TITLE			☐ occent				Grænge Mounton	
NAME STOREY ASSOCIACE				5.2 NAM		ADDDECC		
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP TITLE			DELETE	5.4 CITY 6.1 TITLE		- ZIP	Change Addition	
			☐ DECEME				LT Change LT Addition	
NAME CZZECZ ADDRECC				6.2 NAM		*DDDCCC		
STREET ADDRESS						ADDRESS	•	
CITY-ST-ZIP		ulish shile f	ling door not gualify t	6.4 CITY			Position 110 07/3V/). Elected Statutes I further positive that the information	

indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or suppliemental 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.

4-30-98