

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

FILED
May 13 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 # P96000029560 (5)
 1. Corporation Name
ORIPASH, INC.

Principal Place of Business 5700 LAKE WORTH ROAD STE 310 LAKE WORTH FL 33463	Mailing Address 5700 LAKE WORTH ROAD STE 310 LAKE WORTH FL 33463
---	---



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/04/1996	
2. Principal Place of Business 21 1926 TENTH AVENUE NORTH	2a. Mailing Address 26 1926 TENTH AVENUE NORTH
22 Suite, Apt. #, etc. 4TH FLOOR	27 Suite, Apt. #, etc. 4TH FLOOR
23 City & State LAKE WORTH, FL	28 City & State LAKE WORTH, FL
24 Zip 33461	25 Country USA
29 Zip 33461	30 Country USA
4. FEI Number 65-0654631	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROGERS, JAMES M 5700 LAKE WORTH ROAD STE #310 LAKE WORTH FL 33483		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable) 1926 TENTH AVENUE NORTH	
83 4TH FLOOR		84 City LAKE WORTH	
		85 Zip Code FL 33461	

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 _____ DATE _____
Signature typed or printed name of registered agent and filed if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OPCE <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, ALBERT	1.2 NAME	
STREET ADDRESS	5700 LAKE WORTH ROAD STE 310	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, HONORA	2.2 NAME	
STREET ADDRESS	5700 LAKE WORTH ROAD STE 310	2.3 STREET ADDRESS	1926 TENTH AVENUE NORTH, 4TH FLOOR
CITY-ST-ZIP	LAKE WORTH FL 33483	2.4 CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	SVPS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, JAMES M	3.2 NAME	
STREET ADDRESS	5700 LAKE WORTH ROAD, #310	3.3 STREET ADDRESS	1926 TENTH AVENUE NORTH, 4TH FLOOR
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	VPAS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLINGTON, GRAHAM P	4.2 NAME	
STREET ADDRESS	5700 LAKE WORTH ROAD, #310	4.3 STREET ADDRESS	1926 TENTH AVENUE NORTH, 4TH FLOOR
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	AVP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOZEAU, SHAWN	5.2 NAME	
STREET ADDRESS	5700 LAKE WORTH ROAD, #310	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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; 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 changed, or on an attachment with an address

SIGNATURE: *James M Rogers* 4/24/98 (561) 540-6224

CR2E034 (10/97)