PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000088269

1, Corporation Name

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90199 037 ***150.00

Banpap,	, INC.									
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Principal Place	of Business	Mailing Address								
9230 HEATHRIDGE DRIVE 9230 HEATHRIDGE DRIVE WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411										
WEST PALM BE			L 33411			DO NOT WRIT	E IN THIS	SPACE	:	-
										$\overline{}$
						10/25/1996				
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Appl	ied For
21		26			65-0705241				· · · · · · · · · · · · · · · · · · ·	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired				
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23	O - materi		Zip Country						aeo io	rees
Zip	Country 25	Zip	30	ui iti y		1 '	an year ma		. [□No
24	9. Name and Address of Curren		[30]	$\overline{}$			egistered /	Agent		
	3. Name and Address of Carret	it (togisteredgont		81	4. FEI Number					
	RIS, DAVID B			82	Ctro ot Ad	dense (D.O. Boy Number in Net Accents	bla)			
	u.s. Highway one			82	Street Ad	dress (P.O. Box Number is Not Accepta	Die)			
NOR	TH PALM BEACH FL 33408			83						
				84	City			85	Zip Co	ode
				••	City		<u> </u>	1 1	·	
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11. Pursuant 1	to the provisions of Sections 607.050	2 and 607.1508, Florida St	atutes, the a	above-	named co	rporation submits this statement for the	purpose or t the appoir	changii ntment :	ng its re as redi:	egistered stered
office or re	to the provisions of Sections 607 050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change wa	is authorize	d by th	named co he corpora	rporation submits this statement for the tion's board of directors. I hereby accep	t the appoir	ntment	ng its re as regi:	egisterea stered
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4. 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 then 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, with all other kee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

le Daytime Phone

CR2E034 (11/9