

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

FILED
Apr 07 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 # P97000028231 (3)

1. Corporation Name

OCTOFOIL INTERNATIONAL GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6324 COUNTY ROAD 579 ONE MILE NORTH OF I-4 SEFFNER FL 33687	Mailing Address 6324 COUNTY ROAD 579 ONE MILE NORTH OF I-4 SEFFNER FL 33687
--	--

2. Principal Place of Business 21 1901 N. 13TH STREET Suite, Apt. #, etc. 22 100 City & State 23 TAMPA, FL Zip 24 33605 Country 25	2a. Mailing Address 26 1901 N. 13TH STREET Suite, Apt. #, etc. 27 100 City & State 28 TAMPA, FL Zip 29 33605 Country 30
---	--

3. Date Incorporated or Qualified 03/25/1997	Applied For <input type="checkbox"/> Not Applicable
4. FET Number 59-3440312	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CAREY, MICHAEL R 100 S ASHLEY DR SUITE 1190 TAMPA FL 33602	
--	--

10. Name and Address of New Registered Agent	
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)

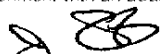
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P O
NAME	STANTON, JOHN	1.2 NAME	STANTON, JOHN
STREET ADDRESS	6324 COUNTY ROAD 579, 1 MILE N OF I-4	1.3 STREET ADDRESS	1901 N. 13TH STREET, SUITE 100
CITY-ST-ZIP	SEFFNER FL 33687	1.4 CITY-ST-ZIP	TAMPA, FL 33605
TITLE	D	2.1 TITLE	D
NAME	HUGHES, RALPH W	2.2 NAME	HUGHES, RALPH W.
STREET ADDRESS	6324 COUNTY ROAD 579, 1 MILE N OF I-4	2.3 STREET ADDRESS	1901 N. 13TH STREET, SUITE 100
CITY-ST-ZIP	SEFFNER FL 33687	2.4 CITY-ST-ZIP	TAMPA, FL 33605
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	P O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STANTON, JOHN	
1.3 STREET ADDRESS	1901 N. 13TH STREET, SUITE 100	
1.4 CITY-ST-ZIP	TAMPA, FL 33605	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HUGHES, RALPH W.	
2.3 STREET ADDRESS	1901 N. 13TH STREET, SUITE 100	
2.4 CITY-ST-ZIP	TAMPA, FL 33605	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 if changed, or on an attachment with an address.

SIGNATURE:



2/14/98

813/247-1957

CR2E034 (10/97)