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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000028231 (3)

OCTOFOIL INTERNATIONAL GROUP, INC.

Principal Place of Business

Mailing Address

FILED Apr 07 1998 8:00am Secretary of State



6324 COUNTY ROAD 579 ONE MILE NORTH OF 1-4 SEFFNER FL 33687		6324 COUNTY ROAD 579 ONE MILE NORTH OF 1-4							
		SEFFNER FL 33687				DO NOT WRITE II	N THIS SPACE	·····	
						3. Date Incorporated or Qualified			
A Principal D	laco of Businoss	T A. Mallina Address				03/25/1997			
1 ' ' '	N. 13TH STREET	2a. Mailing Address				4. FEI Number	⊢	plied For	
Suite, Apt.		26 1901 N. 13TH STREET Suite, Apt. #, etc.		RCC/	59-34403/2		t Applicable		
22 100		27 100			5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	
	PA, FL	28 TAMPA,				Trust Fund Contribution	Added t	o Fees	
Zip	Country	7(p)	Cour	Country		8. This corporation owes or has paid	the current year Int	angible	
24 336		[29] 33605 ₃₀				Personal Property Tax due June 30. 🔀 Yes 🔲 No			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Regi	stered Agent		
CAREY, MICHAEL R				81 Name					
100 S ASHLEY DR			1	82 Street Address (P.O. Box Number is Not Acceptable)			····		
SUITE 1190				of other radioss (1.0. Dox Humber is Not robeptable)					
TAMPA FL 33602			[83					
, , ,			ļ.	84	City		lee 7:- /	~	
			[City		FL 85 Zip (Jode	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	authorized	i by ti	named corpo ne corporatio	pration submits this statement for the pur on's board of directors. I hereby accept	rpose of changing it the appointment as	s registered registered	
SIGNATURE	,								
SIGNATORE	Signature, typed or prested name of registered ages	et and title it applicable (NO	TE Registered	Agent	signature required	d when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 12	
TITLE	D	DELETE	1.1 TITO	LE	P	0	Change	Addition	
NAME	STANTON, JOHN			1.2 NAME 57.		ANTON, JOHN			
STREET ADDRESS 6324 COUNTY ROAD 579, 1 MILE N OF 1-4			1.3 STR	1.3 STREET ADDRESS 1901 N. 13TH STREET, SUITE 100					
CITY-ST-ZIP	SEFFNER FL 33687		1.4 CIT	Y-ST-		MPA, FL 33605			
TITLE	D	☐ DELFTE	2.1 TITI	LE	D		Change	Addition	
NAME [HUGHESN, RALPH W			22 NAME HUGHES, RA					
STREET ADDRESS				ME	140	CHES, RALPH W.	-		
CITY-ST-ZIP		VILE N OF 1-4	2.2 NA) 2.3 STF		ODRESS 190	OHES, RALPH W. OI N. 13TH STREET,	SUITE 100	,	
		MILE N OF 1-4	23 STF	REFT AD	ORESS 190	OI N. 13TH STREET,	SUITE 100	,	
TITLE	SEFFNER FL 33687	MILE N OF I-4	23 STF	REET AC TY-ST-	ORESS 190	CHES, RALPH W. OI N. 13TH STREET, IMPA, FL 33605	SUITE 100	Addition	
TITLE NAME			2 3 STF	REET AD TY-ST- LE	ORESS 190	OI N. 13TH STREET,			
			2.4 CIT 3.1 TITI	REET AO T <u>y-st-</u> Le Me	DORESS 190 ZIP 74	OI N. 13TH STREET,			
NAME			23 STF 2. 4 CH 31 THI 32 NAP 3.3 STF	REET AO TY-ST- LE ME REET AO	ODRESS 190 ZIP 74	OI N. 13TH STREET,			
NAME STREET ADDRESS			23 STF 2.4 CIT 31 TITE 32 NAF	REET AO TY-ST- LE ME REET AO TY-ST-	ODRESS 190 ZIP 74	OI N. 13TH STREET,			
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2 3 STF 2. 4 CIT 3 1 THI 3 2 NAF 3.3 STF 3.4. CIT	REET AO TY-ST- LE ME REET AO TY-ST- LE	ODRESS 190 ZIP 74	OI N. 13TH STREET,	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-2IP TITLE NAME		☐ DELETE	2 3 STP 2 4 CIT 3 1 TITI 3 2 NAP 3 3 STP 3 4 - CIT 4 1 TITIL 4 2 NA	REET AO TY-ST- LE ME REET AO TY-ST- LE	OORESS 192 ZIP 74 OORESS ZIP	OI N. 13TH STREET,	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2 3 STP 2.4 CIT 31 TITU 32 NAP 3.3 STP 3.4 CIT 4.1 TITU 4.2 NA 4.3 STP	REET AO TY-ST- LE ME REET AO TY-ST- LE MME	ODRESS / 92 ZIP // // DORESS ZIP	OI N. 13TH STREET,	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-2IP TITLE NAME		☐ DELETE	2 3 STP 2.4 CIT 31 TITU 32 NAP 3.3 STP 3.4 CIT 4.1 TITU 4.2 NA 4.3 STP	REET AO TY-ST- LE ME REET AO TY-ST- LE ME REET AO Y-ST-	ODRESS / 92 ZIP // // DORESS ZIP	OI N. 13TH STREET,	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2 3 STF 2 4 CIT 31 TITI 32 NAF 33 STF 34 CIT 41 TITI 4 2 NA 4 3 STF 4 4 CIT 51 TITI	REET AD TY-ST- LE ME REET AD TY-ST- LE ME REET AD TY-ST- LE LE LE LE LE LE LE	ODRESS / 92 ZIP // // DORESS ZIP	OI N. 13TH STREET,	☐ Change	Addition Addition	
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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 this 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: