1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000028231

1. Corporation Name

Principal Place of Business

OCTOFOIL INTERNATIONAL GROUP, INC.

1901 N. 13TH S SUITE 100 TAMPA FL 3360 US  2. Principal Pl: 21 Suite, Apt. # 22 City & State 23	5 ace of Business ¥, etc.	1901 N. 131H SINE SUITE 100 TAMPA FL 33605 US  2a. Mailing Addres 26  Suite, Apt. #, e 27  City & State —	s tc.		03/25/ 4. FEI Num 59-344 5. Certifcate	ber	E IN THIS S	\$8.75 Fee F	Applied For Not Applicable Additional Required May Be d to Fees
Zip	Country	Zip	Count	гу	-	oration owes the curre			
24	25	29	30			Property Tax.		X Yes	□No
100 S SUITI TAMF	9. Name and Address of Curren EY, MICHAEL R S ASHLEY DR E 1190 PA FL 33602		8	3 City	REY MI Address (P.O. Box N Z S, OREC	nd Address of New R  CHAEL R  umber is Not Accepta  FON AUEN	FL	85 Zip	p Code 3 3 6 0 6
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 uttle if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  OFFICERS AND DIRECTORS IN 12									
TITLE	PD	DEL			1	<u></u>		Change	
NAME	STANTON, JOHN		1.2 NAM	E					
STREET ADDRESS	1901 N. 13TH STREET, SUITE	100		ET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33605	□ DEU	1.4 CITY ETE 2.1 TITLE					Change	e
NAME STREET ADDRESS CITY-ST-ZIP	HUGHESN, RALPH W 1901 N. 13TH STREET, SUITE TAMPA FL 33605	<del></del>	2.2 NAM	E EET ADDRESS	HUGHES,	RALPH W			
TITLE	TAMEA I E 33003	DEL						Change	e Addition
NAME		_	3 2 NAM						
STREET ADDRESS			3 3 STR	ET ADDRESS					
CITY-ST-ZIP			3.4, CIT)	-ST-ZIP					
TITLE		☐ DEL	ETE 4.1 TITLE					☐ Change	e 🗌 Addition
NAME			4. 2 NAN	E					Ì
STREET ADDRESS			4.3 STRI	ET ADDRESS					
CITY-ST-ZIP			4,4 CITY	-ST-ZIP					
TITLE		☐ DEL						Change	e []] Addition [
NAME			5.2 NAM						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			5.4 CITY					<u> </u>	• • • • • • • •
TITLE		☐ D£L						Change	e
NAME			6.2 NAM						
STREET ADORESS			6.3 STR	ET ADDRESS	1				

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, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90124 026 \*\*\*150.00