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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000048598

1. Corporation Name
SHRINKWRAP SUPPLIES, INC.

Principal Place of Business
1491 NE 57TH PLACE
FT. LAUDERDALE FL 33334

Mailing Address
1491 NE 57TH PLACE
FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1998

4. FEI Number
65-0851167

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 P.O. Box 835091

2a. Mailing Address
26 P.O. Box 835091

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Hollywood, FL

City & State

28 Hollywood, FL

Zip Country

24 33083 25

Zip Country

29 33083 30

9. Name and Address of Current Registered Agent

CLINE, DAVID
1491 NE 57TH PLACE
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name James Caputo
82 Street Address (P.O. Box Number is Not Acceptable)
2301 SW 57th Ave
83
84 City Hollywood FL 85 Zip Code 33023

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 *James Caputo*
Signature, typed or printed name of registered agent and title if applicable.

James Caputo
(NOTE: Registered Agent signature required when reinstating)

3/24/99
DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE
NAME CLINE, DAVID
STREET ADDRESS 1491 NE 57TH PLACE
CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE DV ☐ DELETE
NAME CAPUTO, JAMES
STREET ADDRESS 2301 SW 57TH AVE.
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE *James Caputo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99
Date

(954) 967-0805
Daytime Phone #

CR2E034 (11/98)