Mailing Address

3012 STREET

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000087911

Principal Place of Business ON 2 27TH STREET

INDUSTRIAL PACKAGING SOLUTIONS, INC.

| ORLANDO FL 32839 | | ORLANDO FL 32839 | | DO NOT WEITE IN TH | IIC CDACE | | |
|---|--|---------------------------------------|--------------------------|--------------------|--|-----------------------------------|----------------|
| | | | | | DO NOT WRITE IN TH | IS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 10/14/1998 | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number 59 - 3537587 | L A | pplied For |
| 21 | | 26 | | | 59-353/58/ | <u> </u> | lot Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, e 27 | | | | | 5. Certifcate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | | | 6. Election Campaign Financing | \$5.00 | Nau Ba |
| 23 28 | | | | | Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Country | | 8. This corporation owes the current year | Intangible | |
| 24 | 25 | 29 | 0 | | Personal Property Tax. | Yes | □No |
| | 9. Name and Address of Cur | rent Registered Agent | | | 10. Name and Address of New Registere | d Agent | |
| | | | 81 | Name | | | |
| POWELL, CARL | | | | | TO BE A STATE OF THE STATE OF T | | |
| 3012 37TH STREET | | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) | | |
| ORLANDO FL 32839 | | | 83 | | | | |
| 0.12 | | | | | | | |
| | | | 84 | City | F | L 85 Zip | Code |
| 11 Pursuant t | o the provisions of Sections 607 (| 0502 and 607 1508. Florida Statutes | the above | e-named o | corporation submits this statement for the purpose | of changing it | s registered |
| office or re | egistered agent, or both, in the Sta | ite of Florida. Such change was aut | horized by | the corpo | ration's board of directors. I hereby accept the app | oointment as r | egistered |
| agent. I ar | n familiar with, and accept the obl | igations of, Section 607.0505, Floric | ia Statutes. | | | | |
| SIGNATURE | | | | | DATE | | |
| | Signature, typed or printed name of registered | | | it signature re | Address (Filed) (Suite Config.) | AND DIDECT | OBS IN 12 |
| 12. | | AND DIRECTORS | 13. | 1/ | ADDITIONS/CHANGES TO OFFICERS | X) Change | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | γ. | , Hesident | (A) Change | |
| NAME | POWELL, CARL | | 1.2 NAME | | Carl Powell | | |
| STREET ADDRESS | 3012 37TH STREET | | 1.3 STREET | ADDRESS | 3012 37th St. | | |
| CITY-ST-ZIP | ORLANDO FL 32839 | | 1.4 CITY-ST | T-ZIP | Orlando, FL 32839 | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | V. Aresident | Change | (X) Addition |
| NAME | | | 2.2 NAME | | Mark Hutsell | | • |
| STREET ADDRESS | | | 2.3 STREET | ADDRESS | 30/2 37th 5t. | | |
| | | | | i | Orlando, FL 32839 | | |
| CITY-ST-ZIP | | ☐ DELETE | 2. 4 CITY-S 3.1 TITLE | H- ZIF | | ► L C Change | (X) Addition |
| TITLE | • | | | ļ | Secretary / Treasurer / Preside | //[5go | Ath, manager |
| NAME | | | 3.2 NAME | + | Robin Power | | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | 3012 374 37. | | |
| CITY-ST-ZIP | | | 3 4. CITY-S | T-ZIP | Orlando, Fl 32839 | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Change | Addition |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4 3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST | T-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | 3 44.44 8 | | 5.2 NAME | ŀ | | | |
| 1 | | | 5.3 STREET | ADDRESS | | | |
| STREET ADDRESS | | | 5.4 CITY-S | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE | , - ZIF | | ☐ Change | Addition |
| TITLE | | □ Deceie | 6.2 NAME | ļ | | onange | |
| NAME | | | | | | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | |

SIGNATURE:

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.

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90083 013 ***158.75