

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90087 042 ***150.00

DOCUMENT # P98000092660 ✓

1. Corporation Name

World Wide Packing + Crating INC.,

Principal Place of Business

Mailing Address

5931 Ravenswood Rd. A-5 Ft. Laud. Fla 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/2/98

4. FEI Number

65-0874166

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

WORLDWIDE

2a. Mailing Address

WORLDWIDE

PACKING + CRATING INC.

26. PACKING + CRATING INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A-5

A-5

City & State

City & State

Ft. Laud. FLA.

28. Ft. Laud. FLA.

Zip

Country

Zip

Country

33312

25. US

29. 33312

30. US

9. Name and Address of Current Registered Agent

SPIEGEL + UTRERA, P.A.
3526 NORTH FEDERAL HIGHWAY
FT. LAUD. FLA. 33308

10. Name and Address of New Registered Agent

81. Name

FAST TAX

82. Street Address (P.O. Box Number is Not Acceptable)

113 N. Federal Highway

83.

84. City

DANIA

FL

85. Zip Code

33004

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

EDDIN

Accountant

4/21/99

12. OFFICERS AND DIRECTORS

TITLE

☐ DELETE

NAME

MICHAEL L. ARMBRUST

STREET ADDRESS

813 N.W. 12TH AVE.

CITY-ST-ZIP

DANIA, FLA. 33004

TITLE

☐ DELETE

NAME

FRANCIS D. NEVAD

STREET ADDRESS

5037 LAKE BLVD.

CITY-ST-ZIP

DELRAY BCH, FLA. 33484

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael L. Armbrust

04-20-99

Date

954-830-9198

Daytime Phone #

CR2E034 (11/98)