

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90023 010 \*\*\*150.00

**DOCUMENT # P99000026900**

1. Entity Name  
**KITPACK CORP.**

Principal Place of Business <b>C/O SAMUEL J. CANTOR          1489 W PALMETTO PARK RD STE 485          BOCA RATON FL 33486</b>	Mailing Address <b>C/O SAMUEL J. CANTOR          1489 W PALMETTO PARK RD STE 485          BOCA RATON FL 33486-3327</b>
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2. Principal Place of Business <b>2717 W. Cypress Creek Road</b>	3. Mailing Address <b>2717 W. Cypress Creek Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Fort Lauderdale, FL</b>	City & State <b>Fort Lauderdale, FL</b>	4. FEI Number <b>65-0906668</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33309</b>	Country <b>USA</b>	Zip <b>33309</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>CANTOR, SAMUEL J          1489 W PALMETTO PARK ROAD          SUITE 485          BOCA RATON FL 33486</b>	Name <del>Cantor, Samuel J.</del> Street Address (P.O. Box Number is Not Acceptable) <b>6700 Broken Sound Parkway NW</b> <b>Suite 200</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33487</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE DATE **1/25/00**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PARKER, DAVID J</b>		NAME <b>Philip Stickles</b>	
STREET ADDRESS <b>1489 W PALMETTO PARK ROAD STE 485</b>		STREET ADDRESS <b>2717 W. Cypress Creek Road</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33486</b>		CITY-ST-ZIP <b>Fort Lauderdale, FL 33309</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>Steven G Rose</b>	
STREET ADDRESS		STREET ADDRESS <b>2717 W Cypress Creek Rd</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>Ft Lauderdale, FL 33309</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>Christine Rogers</b>	
STREET ADDRESS		STREET ADDRESS <b>2717 W Cypress Creek Rd</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>Ft Lauderdale, FL 33309</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **4/14/00** DAYTIME PHONE # **954 969 0658**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)