PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$30908

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OLSON FOLDING MACHINES, INC.

Mailing Address
6221 BANYAN TER PLANTATION, FL FL 33317

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90058 047 ***150.00



PLANTATION, FL. FL. 33317	PLANTATION, FL FL 33317		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed			
			02/11/1991			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26		65-0242028	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution 5.00 May Be- Added to Fees			
Zip Country 24 25	Zip Co 29 30	ountry	This corporation owes the current year Int Personal Property Tax.	angible □ Yes □ No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
MCGONIGLE, JAMES T. 6221 BANYAN TER PLANTATION FL 33317		81 Name 82 Street Address 83	s (P.O. Box Number is Not Acceptable)			

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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rec	ustered Agent signature re	equired when reinstating)	DATE			
Signature, good of printed feature of regional of			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	DVP	DELETE	1.1 TITLE			☐ Change	Addition	
NAME	OLSON, RAYMOND		12 NAME					
STREET ADDRESS	954 SE 9TH AVE		1.3 STREET ADDRESS					
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP					
TITLE	D	DELETE	2.1 TITLE	D/ SEC		⊒-€ffange	☐ Addition	
NAME	BUTLER, ILONA	Ÿ	2.2 NAME	BUTLER ILONA				
STREET ADDRESS	4961 SW 12TH ST		2.3 STREET ADDRESS	4461 Sw 12	\$7			
CITY-ST-ZIP	MARGATE FL		2. 4 CITY-ST-ZIP	MARGATE FL	33010			
TITLE	DP	DELETE	3.1 TITLE			· Change	Addition Addition	
NAME	MCGONIGLE, JAMES T		32 NAME					
STREET ADDRESS	6221 BANYAN TERR		3.3 STREET ADDRESS					
CITY-ST-ZIP	PLAN FL 33317		3.4. CITY-ST-ZIP					
TITLE	•) DELETE	4.1 TITLE	D/ V.P.		☐ Change	Addition	
NAME			4. 2 NAME	OLSON, TROY 2305 NW 8	ath man i	IF TINC	3	
STREET ADDRESS			4.3 STREET ADDRESS	2305 NW 0		~ i	•	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	CORALSPE	<u>,s FL 33</u>	063		
TITLE] DELÉTE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME	٠.	•		,	
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			54 CITY-ST-ZIP					
TITLE	[] DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS		•			
CITY-ST, 7IP			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:

954-583-6666

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Zip Code