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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90035 050 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F05047

1. Corporation Name
CALPAC INC.



Principal Place of Business Mailing Address
700 BENJAMIN FRANKLIN DRIVE **700 BENJAMIN FRANKLIN DRIVE**
SARASOTA FL 34236 **SARASOTA FL 34236**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/03/1980

4. FEI Number **59-1441257** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required **\$5.00** May Be Added to Fees

6. Election Campaign Financing Trust Fund Contribution

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
ORR, PAMELA R.
700 BENJAMON FRANKLIN DRIVE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **PD ROBIN, CARLA**
 STREET ADDRESS **12761-16TH AVE., #300**
 CITY-ST-ZIP **SURREY, BC CANADA**

TITLE DELETE
 NAME **CD HASSELL, ROBERT**
 STREET ADDRESS **12761 16TH AVE., #300**
 CITY-ST-ZIP **SURREY, BC CANADA**

TITLE DELETE
 NAME **SD HASSELL, FLORENCE**
 STREET ADDRESS **12761-16TH AVE., #300**
 CITY-ST-ZIP **SURREY, BC CANADA**

TITLE DELETE
 NAME **VP BROWN, CHRIS L**
 STREET ADDRESS **700 BENJAMIN FRANKLIN DR**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE DELETE
 NAME **VP SCHOUTEN, DIANE**
 STREET ADDRESS **1276-16TH AVE, SUITE 300**
 CITY-ST-ZIP **SURREY BC**

TITLE DELETE
 NAME **D HUNTER, TIMOTHY C**
 STREET ADDRESS **700 BENJAMINFRANKLIN DR**
 CITY-ST-ZIP **SARASOTA FL 34236**

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: Chris L. Brown Date 2/16/99 Daytime Phone # 941-388-2161

CR2E034 (1/198)