

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

'95 MAR -3 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 197139 (9)

1. Corporation Name

BROWARD PAPER AND PACKAGING, INC.

Principal Place of Business

1201 N.E. 45TH STREET
PO BOX 5447
FT LAUDERDALE FL 33310-2447

Mailing Address

1201 N.E. 45TH STREET
PO BOX 5447
FT LAUDERDALE FL 33310-2447

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/26/1956

3a. Date of Last Report

04/25/1994

4. FEI Number

59-0789005

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

NOVICK, JOSEPH
1201 N.E. 45TH STREET
FORT LAUDERDALE FL 33334

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

(Signature of Agent or person authorized to register agent and third agreement)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
NOVICK, JOSEPH
1201 NE 45TH ST
FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
NOVICK, TERRI
1201 NE 45TH ST
FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
MILLHAUSER, LISA NOVICK
1201 NE 45TH ST
FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
NOVICK, KAREN
1201 NE 45TH ST
FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or amendment 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 or authorized person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of the filing.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

JOSEPH J. NOVICK

1-17-95
305-776-6072
613308 77