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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000003125 (9)

1. Corporation Name
SAWGRASS PACKAGING INCORPORATED



Principal Place of Business: 19665 WATERS END DRIVE, SUITE 1104 BOCA RATON FL 33434
Mailing Address: 19665 WATERS END DRIVE, SUITE 1104 BOCA RATON FL 33434-5718

3. Date Incorporated or Qualified: 06/20/1996
3a. Date of Last Report

2. Principal Place of Business: 1400 NW 93rd Ave.
2a. Mailing Address: 1400 NW 93rd Ave.

4. FEI Number: 65-0678568
APPLIED FOR
Applied For: Not Applicable

Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: Miami, FL

6. Election Campaign Financing: \$5.00 May Be Added to Fees

Zip: 33172 Country: USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALMAN, JEFFREY R
19665 WATERS END DRIVE, SUITE 1104
BOCA RATON FL 33434

81 Name: Jeffrey R. Salman
82 Street Address (P.O. Box Number is Not Acceptable): % Sawgrass Packaging, Inc.
83: 1400 NW 93rd Ave.
84 City: Miami FL 85 Zip Code: 33172

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 607.0305, Florida Statutes.

SIGNATURE: Jeffrey R. Salman, SDT
Signature, typed or printed name of registered agent and title if applicable (Typed or printed name of registered agent required when reinstating)
DATE: 1/29/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PC	<input type="checkbox"/> DELETE
NAME	GRUDMAN, LAWRENCE	
STREET ADDRESS	19665 WATERS END DRIVE, SUITE 1104	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, I M	
STREET ADDRESS	19665 WATERS END DRIVE, SUITE 1104	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	SALMAN, JEFFREY R	
STREET ADDRESS	19665 WATERS END DRIVE, SUITE 1104	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Grudman, Lawrence	
1.3 STREET ADDRESS	400 NW 93rd Ave.	
1.4 CITY-ST-ZIP	Miami, FL 33172	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Goldstein, I.M.	
2.3 STREET ADDRESS	1400 NW 93rd Ave.	
2.4 CITY-ST-ZIP	Miami, FL 33172	
3.1 TITLE	SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Salman, Jeffrey R.	
3.3 STREET ADDRESS	1400 NW 93rd Ave.	
3.4 CITY-ST-ZIP	Miami, FL 33172	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 addres.

SIGNATURE: Jeffrey R. Salman, SDT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/29/97 Daytime Phone #: (305) 477-8826

CR2E034 (9/96)