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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K42367 (8)
 1. Corporation Name
ALLSTATE PACKAGING PRODUCTS, INC.



Principal Place of Business: **2548 30TH AVENUE NORTH, 101 E KENNEDY BLVD #2500, ST. PETERSBURG FL 33713 US**
 Mailing Address: **P.O. BOX 60425, 101 E KENNEDY BLVD #2500, ST. PETERSBURG FL 33784-0425 US**

3. Date Incorporated or Qualified: **10/28/1988** 3a. Date of Last Report: **03/25/1996**
 4. FEI Number: **59-2920147** 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** 2a. Mailing Address: **26**
 Suite, Apt. #, etc.: 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
SMITH, DARRELL C.
101 E KENNEDY BLVD #2500
#3140
TAMPA FL 33602

10. Name and Address of New Registered Agent
 81. Name: **DARREN A. RENNER**
 82. Street Address (P.O. Box Number is Not Acceptable): **2548 30th Ave. North**
 83. -
 84. City: **St. Petersburg** FL 85. Zip Code: **33713**

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 607.0503, Florida Statutes.

SIGNATURE: *Darrell A. Renner* DATE: **4-2-97**

12. OFFICERS AND DIRECTORS

TITLE	DVT	<input type="checkbox"/> DELETE
NAME	RENNER, KAREN J	
STREET ADDRESS	2548 30TH AVENUE NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	RENNER, DARRELL A.	
STREET ADDRESS	2548 30TH AVENUE NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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)(l), 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.

SIGNATURE: *Darrell A. Renner* DATE: **3-17-97** DAYTIME PHONE #: **813/895-7676**

CR2E034 (9/96)