

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P22221** (6)
1. Corporation Name
AB SPECIALTY PACKAGING, INC.



Principal Place of Business Mailing Address
7075 W. 20TH AVE. HIALEAH FL 33014-4432

3. Date Incorporated or Qualified **12/21/1988** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	13-3480880	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	VID
NAME	SHEETS, JAMES A.	1.2 NAME	TOM CADDEN
STREET ADDRESS	115 NORTHWOODS RD.	1.3 STREET ADDRESS	150 N. MICHIGAN AVE
CITY-ST-ZIP	GREENWOOD SC	1.4 CITY-ST-ZIP	CHICAGO IL
TITLE	P	2.1 TITLE	VID
NAME	ROGER STONE	2.2 NAME	JOHN RICONDOMITO
STREET ADDRESS	150 N MICHIGAN AVE	2.3 STREET ADDRESS	150 N. MICHIGAN AVE
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	CHICAGO IL
TITLE	D	3.1 TITLE	
NAME	DICK, DONALD	3.2 NAME	
STREET ADDRESS	327 E. 48TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	COSTA, EMANUELE	4.2 NAME	
STREET ADDRESS	17 RIDGE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRONXVILLE NY	4.4 CITY-ST-ZIP	
TITLE	VPT	5.1 TITLE	
NAME	MICHAEL B WHEELER	5.2 NAME	
STREET ADDRESS	150 N MICHIGAN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	VPS	6.1 TITLE	
NAME	LESLIE T LEDERER	6.2 NAME	
STREET ADDRESS	150 N MICHIGAN AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Tom Cadden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)