

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 # P95000072489 (4)

1. Corporation Name
SWEETY PACKAGING, CO.



Principal Place of Business: 2885 ELECTRONICS DRIVE, MELBOURNE FL 32935
Mailing Address: 2885 ELECTRONICS DRIVE UNIT D4, MELBOURNE FL 32935

3. Date Incorporated or Qualified: 09/18/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 59-3336842
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 [X] No

2. Principal Place of Business: 21 2885 Electronics Dr., Suite, Apt. #, etc. Unit D4, City & State: Melbourne, Zip: 32935
2a. Mailing Address: 26 Same, Suite, Apt. #, etc. [Blank], City & State: [Blank], Zip: [Blank], Country: [Blank]
22. City & State: Melbourne
23. City & State: Melbourne
24. Zip: 32935, Country: [Blank]
25. Country: [Blank]
29. Zip: [Blank], Country: [Blank]
30. Zip: [Blank], Country: [Blank]

9. Name and Address of Current Registered Agent
PALACIOS, FERNANDO M ESO.
525 EAST STRAWBRIDGE AVENUE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent
81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]
83 [Blank]
84 City: [Blank], State: FL, Zip Code: [Blank]

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: [Blank] (NOTE: Registered Agent signature required when reappointing) DATE: [Blank]

12. OFFICERS AND DIRECTORS
TITLE: D [] DELETE
NAME: KLAJN, ALEX
STREET ADDRESS: 5800 NORTH BANANA RIVER BLVD.
CITY-ST-ZIP: CAPE CANAVERAL FL 32920
TITLE: D [] DELETE
NAME: CUSSON, DEBORA A
STREET ADDRESS: 2909 ST. MARKS AVENUE
CITY-ST-ZIP: MELBOURNE FL 32935
TITLE: D [] DELETE
NAME: CUSSON, GERARD C
STREET ADDRESS: 2909 ST. MARKS AVENUE
CITY-ST-ZIP: MELBOURNE FL 32935
TITLE: [] DELETE
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]
TITLE: [] DELETE
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]
TITLE: [] DELETE
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: [] Change [] Addition
1.2 NAME: [Blank]
1.3 STREET ADDRESS: [Blank]
1.4 CITY-ST-ZIP: [Blank]
2.1 TITLE: [] Change [] Addition
2.2 NAME: [Blank]
2.3 STREET ADDRESS: [Blank]
2.4 CITY-ST-ZIP: [Blank]
3.1 TITLE: [] Change [] Addition
3.2 NAME: [Blank]
3.3 STREET ADDRESS: [Blank]
3.4 CITY-ST-ZIP: [Blank]
4.1 TITLE: [] Change [] Addition
4.2 NAME: [Blank]
4.3 STREET ADDRESS: [Blank]
4.4 CITY-ST-ZIP: [Blank]
5.1 TITLE: [] Change [] Addition
5.2 NAME: [Blank]
5.3 STREET ADDRESS: [Blank]
5.4 CITY-ST-ZIP: [Blank]
6.1 TITLE: [] Change [] Addition
6.2 NAME: [Blank]
6.3 STREET ADDRESS: [Blank]
6.4 CITY-ST-ZIP: [Blank]

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: Debora A. Cusson President Date: 4/25/96 Daytime Phone #: 407-259-5316

CR2E034 (12/95)