FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000062617 (1)

VICON PACKAGING, INC.

Principal	Place of	Business
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Mailing Address

FILED May 16 1997 8:00am Secretary of State



1625 SW 1ST DEERFIELD FL	WAY. #C17-18 L 33441	1625 SW 1ST WAY. #C1 DEERFIELD FL 33441-676			
				3. Date Incorporated or Qualified 07/24/1996	3a, Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0696432	Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30	Florida Statutes	Yes No
162	9, Name and Address of Currer NNELLY, EDWARD J III 25 SW 1ST WAY, #C17-18 ERFIELD FL 33441	nt Registered Agent	82 Street 162 83 DEE 84 City	10. Name and Address of New Re Address (P.O. Box Number is Not Acceptate 5 SW 1ST WAY, # C17- RFIELD FL 33441 EERFIELD	n) (
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	//	ites, the above-named authorized by the corplorida Statules. It Hogistified Agent agridure	corporation submits this statement for the poration's board of directors. I hereby acception to the poration of the poration o	ourpose of changing its registered of the appointment as registered
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE	PRESIDENT	Change X Addition
NAME	CONNELLY, EDWARD J III	•	1.2 NAME	MARIE F. VIVIANI	
STREET ADDRESS	1625 SW 1ST WAY, #C17-18	,	1.3 STREET ADDRESS	1625 SW 1ST WAY, #	# C17-18
CITY-ST-ZIP	DEERFIELD FL 33441		1.4 CITY - \$1 - ZIP	DEERFIELD FL 33441	
TITLE		DELE TE	2.1 TITLE		Change Addition
			22:NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			2 4 CHY-ST-ZIP		
TITLE		DELETE	31 INLE		Change Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, CITY - ST - ZIP		
TITLE		☐ DELF1E	4.1 7(1LE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4,CITY - \$1 - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-21P			5.4 CHY-ST-ZIP		
TITLE		☐ DELETE	6.1 THLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS]		6.3 STREE1 ADDRESS		
CITY-ST-ZIP			6.4 CITY - \$1 - ZIP		
14, i do here	by certify that the information supplie	ed with this filing does not qua	lify for the exemption s	tated in Section 119.07(3)(i), Florida Statute	s. I further certify that the
information flam an c appears	on moleated on this annual report of inficer or director of the corporation of the Block 12 or Block 13 if changed, c	supplierneger annuar report is ir the reectver or trustee empo ir on an attachment with an ac	inuo anti accurate and wered to execute this r ddress.	tated in Section 119.07(3)(i), Florida Statuto that my signature shall have the same loga eport as required by Chapter 607, Florida S	ii enect as ii made under oath, tha Statules; and that my name