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Jul 29 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 # 364752 (6)

1. Corporation Name
PACKAGING SYSTEMS CORPORATION

Principal Place of Business

706 I WEST PARK AVE
EDGEWATER FL 32132
US

Mailing Address

P O BOX 400
NEW SMYRNA BEACH FL 32170-0400
US

3. Date Incorporated or Qualified

05/28/1970

3a. Date of Last Report

04/26/1996

2. Principal Place of Business*

21 1501 AIRWAY CIRCLE

Suite, Apt. #, etc.

22

City & State

23 NEW SMYRNA Bch FL

24 32168

25 USA

2a. Mailing Address

26 Box 400

Suite, Apt. #, etc.

27

City & State

28 NEW SMYRNA Bch FL

29 32170

30 USA

4. FEI Number

71-0408922

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

9. Name and Address of Current Registered Agent

EVANS FRED R

706 I WEST PARK AVE
EDGEWATER FL 32132

1501 AIRWAY CIRCLE
NEW SMYRNA Bch, FL
32168

10. Name and Address of New Registered Agent

81 Name FRED R. EVANS

82 Street Address (P.O. Box Number is Not Acceptable)

1501 AIRWAY CIRCLE

83

84 City

NEW SMYRNA Bch FL

85 Zip Code 32168

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

FRED R. EVANS

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCS

NAME EVANS FRED R
STREET ADDRESS 706 I WEST PARK AVE
CITY-ST-ZIP EDGEWATER FL

TITLE PD

NAME EVANS MARY
STREET ADDRESS 706 I WEST PARK AVE
CITY-ST-ZIP EDGEWATER FL

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE EVANS FRED R. DCS Change Addition

1.2 NAME 1501 AIRWAY CIRCLE
1.3 STREET ADDRESS NEW SMYRNA Bch-FL
1.4 CITY-ST-ZIP 32168

2.1 TITLE PD Change Addition

2.2 NAME EVANS, MARY
2.3 STREET ADDRESS 1501 AIRWAY CIRCLE
2.4 CITY-ST-ZIP NEW SMYRNA Bch-FL 32168

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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 address.

SIGNATURE

FRED R. EVANS

7.21.97 904

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