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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

PACKAGING SYSTEMS CORPORATION

May 01 1998 8:00am Secretary of State

FILED

Delanie i O	of Physics	Marillana Andrean-	- ,						
Principal Place 1501 AIRWAY		Mailing Address BOX 400 NEW SMYRNA BE	ACH EL 99170						
US US	C BON PE 32100	US	MONTE SETTO		DO NOT WRI	TE IN THIS	SPACE		
					 Date Incorporated or Qualifie 05/28/1970 	d			
2. Principal Pl	ace of Business	2a. Mailing Addres	ss		4. FEI Number		Ar	oplied For	
21		26		71-0408922			ot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, e			5. Certificate of Status Desired	d	Fee Required		
City & State		Cily & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip	_ ` 		Zip Country		8. This corporation owes or has paid the current year intangible				
24			30		Personal Property Tax due June 30. Yes No				
	g, Name and Address of Curr	rent Registered Agent		nal ii	10. Name and Address of New	Registered	Agent		
	ans, fred r			81 Name					
)1 AIRWAY CIR W SMYRNA BCH FL 32168		62 S		dress (P.O. Box Number is Not Accep	table)			
				B3					
				84 City			85 Zip	Code	
				, i		FL	.		
office or re agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such chang figations of, Section 607.0	e was authorized 505, Florida Stat	d by the corporutes.	orporation submits this statement for the ration's board of directors. I hereby ac	cept the app	xointment as	registered	
	Signature, typed or printed name of registerud			Agent signature rec	quired when reinstating)	DATE	n DIDEOTOI	20.11.40	
12.	OFFICERS A	AND DIRECTORS DEL	13.		ADDITIONS/CHANGES TO OF	FICERS AN	DIRECTOR Change	Addition	
TITLE	EVANS, FRED R	L. J UEL					Cumige	L. Acollion	
NAME	4844 4184444 648		1.2 NA						
STREET ADDRESS		APRIL OLIVINIA DOLLEI		REET ADDRESS					
CITY-S1-ZIP TITLE	PD PD	☐ DEL		TY-ST-ZIP			Change	Addition	
	EVANS, MARY	<u></u>	2.1 N	į			bildings		
NAME ATREET ADDRESS	1501 AIRWAY CIR			reet address					
STREET ADDRESS	NEW SMYRNA BCH FL			i					
CITY-ST-ZIP TITLE	WEN OMINAN BOILE	□ D€L		TY-ST-ZIP			Change	Addition	
NAME		٠,٠٠٠	3.2 N/						
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP				TY-ST-ZIP					
TITLE		DEL					Change	Addition	
NAME			4.2 N				-		
STREET ADDRESS				REET ADDRESS					
CITY+ST+ZIP				TY-ST-ZIP					
TITLE		☐ DEL			-		☐ Change	Addition	
NAME			5 2 N/	ME				•	
STREET ADDRESS			5381	REET ADDRESS					
CITY-ST-ZIP				TY-ST-ZIP					
TITLE		☐ DEL	ETE 6.1 TI	ILE			Change	Addition	
NAME			6.2 N/	IME					
STREET ADDRESS			6351	REET ADORESS					
CITY-ST-ZIP			6.4 CI	TY-ST-ZIP					
	partify that the information supplies	with this filing dose not o			in Section 119 07(3)(i). Florida Statute	s I further c	ertify that the	e information	

is him globes in a quality for the exemption stated in section 1130/1050), nonlocal statutes in different in the morning does not accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ent with an address.

4.21.98