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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000003718 (4)

1. Corporation Name

UNI-PAK FILM SYSTEMS, INC.



Principal Place of Business

165 MINGO TRAIL
LONGWOOD FL 32750

Mailing Address

165 MINGO TRAIL
LONGWOOD FL 32750

3. Date Incorporated or Qualified
08/12/1993

3a. Date of Last Report
01/13/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

C T 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

85

Zip Code

10. Name and Address of New Registered Agent

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

Signature of Registered Agent or Officer of the Corporation

Signature of Registered Agent (signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
CP
CIUBA, FRANK E
715 SILVER BIRCH PLACE
LONGWOOD FL 32750

2. TITLE ☐ DELETE

NAME
VPST
HUCKABY, JAMES W
2758 BROOKCLIFF LANDING
MARIETTA GA 30062

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

8. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Add on

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

2. 1. TITLE ☐ Change ☐ Add on

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

3. 1. TITLE ☐ Change ☐ Add on

3. 2. NAME

3. 3. STREET ADDRESS

3. 4. CITY-STATE-ZIP

4. 1. TITLE ☐ Change ☐ Add on

4. 2. NAME

4. 3. STREET ADDRESS

4. 4. CITY-STATE-ZIP

5. 1. TITLE ☐ Change ☐ Add on

5. 2. NAME

5. 3. STREET ADDRESS

5. 4. CITY-STATE-ZIP

6. 1. TITLE ☐ Change ☐ Add on

6. 2. NAME

6. 3. STREET ADDRESS

6. 4. CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)