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

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F95000004235**

1. Corporation Name
ULTRA FLEX PACKAGING CORP.

Principal Place of Business 975 ESSEX ST. BROOKLYN NY 11208	Mailing Address 975 ESSEX ST. BROOKLYN NY 11208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
08/31/1995

2. Principal Place of Business [21]	2a. Mailing Address [26]	4. FEI Number 11-2327083	Applied For Not Applicable
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
City & State [23]	City & State [28]	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip [24]	Country [25]	Zip [29]	Country [30]	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP ☐ DELETE		1.1 TITLE P/D	☐ Change ☒ Addition
NAME SMITH, ROBERT		1.2 NAME ELI BLATT	
STREET ADDRESS 975 ESSEX STREET		1.3 STREET ADDRESS 6 ROLLING DRIVE	
CITY-ST-ZIP BROOKLYN NY 11208		1.4 CITY-ST-ZIP BROOKVILLE NY 11545	
TITLE VP ☐ DELETE		2.1 TITLE VP/D	☐ Change ☒ Addition
NAME SALERNO, ALFRED		2.2 NAME EUGENE SALERNO	
STREET ADDRESS 975 ESSEX ST.		2.3 STREET ADDRESS 228 HAMLET DRIVE	
CITY-ST-ZIP BROOKLYN NY 11208		2.4 CITY-ST-ZIP JERICHO NY 11753	
TITLE SD ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME ADDISON, TODD		3.2 NAME	
STREET ADDRESS 975 ESSEX ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP BROOKLYN NY 11208		3.4 CITY-ST-ZIP	
TITLE D ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME FOX, ROBERTA		4.2 NAME	
STREET ADDRESS 975 ESSEX ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP BROOKLYN NY 11208		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQ ELI BLATT _____   3/24/99   718-272-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)