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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # F9500005849 (3)

ANGELUS SANITARY CAN MACHINE COMPANY

Principal Place of Business	Mailing Address
4900 PACIFIC BLVD LOS ANGELES CA 90058	4900 PACIFIC BLVD LOS ANGELES CA 90058-2214

FILED Apr 30 1997 8:00am Secretary of State



Principal Place	Principal Place of Business Mailing Address						r abbisag sain thint nitt dutit dutit untit antit antit antit atter bildt fatte nintn thit iddt					
4900 PACIFIC BLVD LOS ANGELES CA 90058		4900 PACIFIC BLVD LOS ANGELES CA 90058-2214										
						<u> </u>	Date Incorporated or Ovel	ifinel	20 Do	te of Last	Donad	
						'	 Date Incorporated or Qual 12/01/1995 	nieu		19/1996	neport	
2. Principal P	lace of Business	2a. Mailing Address				1	4. FEI Number		, , , ,		Applied For	
21		26					95-0498670			1	ot Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desire	ed		• •	Additional	
22		27									Required	
City & State	e	City & State				1	6. Election Campaign Financ	ing			May Be	
23 Zip	Country	28 Zip		untry			Trust Fund Contribution				to Fees	
24	25					'	 This corporation has liabili Florida Statutes 		itangible Yes		s. 199.032	
24)	9, Name and Address of Curren	29 29 Agent	30]	T			0. Name and Address of No					
0.7				81	Name							
	CORPORATION SYSTEM SOUTH PINE ISLAND ROAD											
	NTATION FL 33324			82	Street	Address	(P.O. Box Number is Not Acc	eplabl	e)			
PLA	MIATION FL 33324			83								
	_									1		
	·			84	City				FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Str	atules, the a	above	-named	corporat	tion submits this statement fo	r the pu		changing	its registered	
office or r agent. I a	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and eccept the obliga	of Florida. Such change wa ations of, Section 607.0505	as authorize , Florida Sta	ed by atules	the corp	poration's	s board of directors. I hereby	accep	I the app	ointment a	is registered	
SIGNATURE	Signature, typod or printed name of registered ago	all and title if applicable (NOTE Registere	ed Ann	of signalute	required w	oen reinstalioo)		DATE		·	
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO	OFFIC	ERS AND	DIRECTO	RS IN 12	
TITLE	CEOD	DELETE	1.1 1	IIILE		ED				K Change		
NAME	HECK, OTTO		1.2 1	NAME		1						
STREET ADDRESS	4900 PACIFIC BLVD		1.3 5	STREET	address							
CITY-ST-ZIP	LOS ANGELES CA 90058		1.4 0	CITY-S	T-21P							
TITLE	V	☐ DELETE	2.1 (TITLE						Change	Addition	
NAME	HOEFER, DALE		2.2 M	NAME								
STREET ADDRESS	4900 PACIFIC BLVD		2.3 5	STREE1	ADDRESS							
CITY-ST-ZIP	LOS ANGELES CA 90058		2. 4	CITY-5	ST-ZIP							
TITLE	V	☐ DELETE	3.1 7	TITLE		PD				X Change	Addition	
NAME	K ÖE BERLE, MAURICE		3.2 ₺	NAME								
STREET ADDRESS	4900 PACIFIC BLVD	•	3.3 5	STREET	ADORESS							
CITY-ST-ZIP	LOS ANGELES CA 90058		3.4	CITY-S	31 - ZIP	ļ	· · · · · · · · · · · · · · · · · · ·					
TITLE	D	DELETE	4.1 1	TITLE	-			,	_	Change	☐ Addition	
NAME	K oeberle , George		4.2	NAME]						
STREET ADDRESS	4900 PACIFIC BLVD		4.3 5	STREET	ADDRESS							
CITY-ST-ZIP	LOS ANGELES CA 90058			CITY-S	T-ZIP	<u> </u>						
TITLE	D	DELETE	511	TITLE		1	•			☐ Change	Addition	
NAME	BATTAGLIA, JOSEPH		5.2 N	NAME								
STREET ADDRESS	4900 PACIFIC BLVD		535	STREET	ADDRESS							
CITY-ST-ZIP	LOS ANGELES CA 90058		540	CITY-S	1-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·					
TITLE	D	☐ DELE1E	611	TITLE						☐ Change	Addition	
NAME	MILLIKEN, DICK		6.2 1	NAME								
STREET ADDRESS	4900 PACIFIC BLVD		6.3 5	STREET	ADDRESS							
CITY-ST-ZIP	LOS ANGELES CA 90058		6.4 (CITY-S	I - ZIP	<u></u>						

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statules. 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. (213)

6-83a