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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

	MENT # HO17 DY-WILLIAMS PACKAGE S	STORE, INC.			
rincipal Place	e of Business	Mailing Address		{ 1 1881311 0111 08181 11611 10011 1	0 0 0 10 10 10 10 10 10
% ALLEN F. 115 MAGNO COCOA FL	. WILLIAMS DLIA STREET	% ALLEN F. WILLIAN 115 MAGNOLIA STRE COCOA FL 32922			
				 Date Incorporated or Qualified 05/02/1984 	3a. Date of Last Report 01/24/1995
1	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# elc	26		59-2426360	Not Applicable \$8.75 Additional
- Canada, Figra	n, occ.	27		Certificate of Status Desired	Fee Required
City & State	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 1111	Country	8. This corporation has liability for in	
1	25 9. Name and Address of Curr	[29] rent Registered Agent	[30]	Florida Statutes Yes 10. Name and Address of New Re	_
			81 Name	19. Name and Problems of them the	giotorou Aguitt
WILLIAMS, ALLEN F. 115 MAGNOLIA STREET			82 Street Add	dress (P.O. Box Number is Not Acceptable))
COCOA	A FL 32922		83		
			84 City		FL 85 Zip Code
familiar w	th, and accept the obligations of, S	ection 607.0505, Florida Statule:	zed by the corporation's bo s.	oration submits this statement for the purp and of directors. I hereby accept the appoi	ntment as registered agent. I am
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SIGNATURE:

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 it made under oath, that I am an officer or clirector 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 only partiachment with an address.

GNATURE:

| Continued and 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 it made under oath, the indicate 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 only present 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 only particle with an address.

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ALLEN FLOVO WILLIAMS 1-25-56 40-631-0764

SIGNING OFFICER OR DIRECTOR

Date

Date