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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J31551 (1)
1. Corporation Name
MASTER PACKAGING, INC.

Principal Place of Business Mailing Address
P.O. BOX 13445 (33681) P.O. BOX 13445 (33681)
6932 SOUTH MANHATTAN AVENUE 6932 SOUTH MANHATTAN AVENUE
TAMPA FL 33616-1829 TAMPA FL 33616-1829



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Zip		
24 Country	29 Country		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TURKEL, RICHARD M. 6932 SOUTH MANHATTAN AVENUE TAMPA FL 33611		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	CEO	1.1 TITLE	
NAME	TURKEL, RICHARD M.	1.2 NAME	
STREET ADDRESS	80 MARTINIQUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	HOCK, REINHARD L.	2.2 NAME	
STREET ADDRESS	2402 S. TRASK	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	
NAME	DINGLE, GREGORY D.	3.2 NAME	
STREET ADDRESS	7507 RUSTIC DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	DICKENSHEET, ROLLIE	4.2 NAME	
STREET ADDRESS	3705 TYSON	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	EDWARDS, JAMES D	5.2 NAME	
STREET ADDRESS	920 GOLF ISLAND DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	THOMPSON, JOHN	6.2 NAME	
STREET ADDRESS	8948 MAGNOLIA CHASE CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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 incorporator 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 in an amendment with an address.

SIGNATURE:

Greg Dingle

4-24-98

813-857-4932 x17

CR2E034 (10/97)