## 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 # J54397 1. Corporation Name

PACKAGING SYSTEMS ASSOCIATES, INC.

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Principal Place			ng Address	_					* •	:	
C/O CALVIN D.			C/O CALVIN D. FREDETTE							•	
731 N.W. 70TH PLANTATION FL			731 N.W. 70TH TERRACE PLANTATION FL 33317				DO NOT WRITE IN THIS SPACE				
PLANTATION FU	L 33317	CAN	INTON IE SOSTI			3.	Date Incorpora	ted or Qualifed			
							01/29/1987				
2 Principal Pl	lace of Business	2a. M	lailing Address			4.	FEI Number	· · · · · · · · · · · · · · · · · · ·		$-\Box$	Applied For
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Suite, Apt.	# etc		uite, Apt. #, etc.							\$8.75	Additional
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City & State	e		ity & State			6.	Election Campa	aign Financing		\$5.0	0 May Be
23	-	28	•			"	Trust Fund Cor	-			d to Fees
Zip	Country	Zi	ip	Count	ry	8.	This corporatio	n owes the cur	rent yéar Ir	tangible	
24	25	29		30			Personal Prope		-	☐Yes	□No _
241	9. Name and Address of Cu		red Agent			10.	Name and Ad	dress of New	Registered	Agent	• _
, .		j i		8	1 Name			•			
	DETTE, CALVIN D.	* 1.50° (1.50°		-	2 Street	Address /F	P.O. Box Numbe	r is Not Accept	ahla)		
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	•	•		8	4 City				FI	85 Zi	p Code
An Carrier	to the provisions of Sections 607	0502 and 607	1508 Florida Statu	ites the abo	ve-named	corporation	n submits this st	atement for the	purpose o	f changing	its registered
	to the provisions of Sections 607 registered agent, or both, in the S im familiar with, and accept the ol					oration's be	oard of directors	. I hereby acce	pt the appo	ointment as	registered
	m tamiliar with and accord the of	bligations of Sc									
agent: I a	in lanimal with and accept the of	Dilgations of, oc	ection 607.0505, Fi	lorida Statuti	<del>9</del> S.			•		•	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90047 011 \*\*\*150.00