FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

J57955

(3)

CAPTAIN RICK'S PACKAGING, INC.

Principal Place of Business		Maling Address		(1991)10 2101 2111 1981 1010 2110 2110 2110 2110		
7449 S.W. 104TH STREET Miami Fl 33156		7449 S.W. 104TH STREET MIAMI FL 33156				
					3. Date Incorporated or Qualified 02/17/1987	3a. Date of Last Report 04/14/1995
2 Principal	Place of Business	2a. Mailing Addre	255		4. FEI Number	Applied For
· 1		26			59-2791500	Not Applicable
1	ot #, etc.	Suite, Apt. #,	etc.		5, Certificate of Status Desired	S8.75 Additional Fee Required
22 	tate	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23] Zip	Country	7(p)	Co 30	untry	This corporation has liability for Florida Statutes	intangible tax under s 199.032, : ☐ No
24	25 9. Name and Address of Cu			<u> </u>	10. Name and Address of New F	Registered Agent
	INS, RICHARD L.	HEAT Neglatered Agent		81 Name 82 Street Ad	ddress (P.O. Box Number is Not Acceptat	
7449 S.W. 104TH STREET MIAMI FL 33156				83		

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.

City

SIGNATURE .	Structure syrochor perhod has no of recoders it agent and this in explication	(NOTE R	egistered Agent signature required w	othor repostatings DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
THE	PC	DELETE	1. 1 TIFLE	☐ Change ☐ Addition		
NA'M	WELLINS, RICHARD L		1.2 NAME			
STREET ADDRESS	7449 S.W. 104TH STREET		13 STREFT ADDAESS			
013 - 81 - Zirl	MIAMI FL		1.4 CHY-ST-ZIP			
TIL.F	VST	DELETE	2 1 THLE	Change Addition		
NAME	WELLINS, DEBRA J.		2.2 NAME			
STREET ADDRESS	7449 S.W. 104TH STREET		2 3 STREET ADDRESS			
Citis ST-ZiP	MIAMI FL		2.4 CHY-ST-ZIP			
DI.F		DELETE	3 1 T-1 LE	Change Addition		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHY ST ZP			340 IY-ST-ZIP	☐ Change ☐ Addition		
		DELETE	4 1 THTLE	Change Addition		
NAMI			42 NAME			
STREET ARCHESS			4 3 STREET ADDRESS			
01Y-S1-ZP			4 4 Cr"Y-ST-ZIP	Change Addition		
THIF		DEFEIE	5 1 1ITLE	Change L1 Addition		
NAME			5.2 NAME			
S RSLLADURESS			5.3 STREET ADDRESS			
CHY-S1 ZII:			5 4 CITY-ST-ZIP	☐ Change ☐ Addition		
1.11.1		DETELE	6 1 HILE	☐ Change ☐ Addition		
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CIFY-ST ZIE			6.4 C/TY+S1+Z(P	110 OTGANA Storido Statutas I further		

14. Lido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 carb, 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 carb, 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 carb, 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 carb, 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 under under carb, 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 under under carb, 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 under under carb, that my signature shall have the same legal effect as if under under under 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 under u

SIGNATURE:

DEFICE OF DIRECTOR

Zip Code