

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L07724** (2)

1. Corporation Name
KEYSTONE TAPES & PACKAGING, INC.



Principal Place of Business C/O DONNA M. MAZZONI 3750 HACIENDA DR., SUITE H DAVIE FL 33314 US	Mailing Address C/O DONNA M. MAZZONI 3750 HACIENDA DR., SUITE H DAVIE FL 3314 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 46 DONNA M. MAZZONI Suite, Apt. #, etc. 22 5524 LAKE TERN CT. City & State 23 COCONUT CREEK FL Zip Country 24 33073 25 USA	2a. Mailing Address 26 46 DONNA M. MAZZONI Suite, Apt. #, etc. 27 5524 LAKE TERN CT. City & State 28 COCONUT CREEK FL Zip Country 29 33073 30 USA	3. Date Incorporated or Qualified 08/09/1989	4. FEI Number 59-2964054 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

MAZZONI, DONNA M.
5942 N.W. 71 TERRACE
PARKLAND FL 33087

10. Name and Address of New Registered Agent

81 Name MAZZONI, DONNA M.	82 Street Address (P.O. Box Number is Not Acceptable) 5524 LAKE TERN CT.	83	84 City COCONUT CREEK FL	85 Zip Code 33073
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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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZONI, DONNA M.	1.2 NAME	
STREET ADDRESS	5942 NW 71 TERRACE	1.3 STREET ADDRESS	5524 LAKE TERN CT.
CITY-ST-ZIP	PARKLAND FL	1.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZONI, GERALD L.	2.2 NAME	
STREET ADDRESS	5942 NW 71 TERRACE	2.3 STREET ADDRESS	5524 LAKE TERN CT.
CITY-ST-ZIP	PARKLAND FL	2.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZONI, AMY L.	3.2 NAME	
STREET ADDRESS	5942 NW 71 TERRACE	3.3 STREET ADDRESS	5524 LAKE TERN CT.
CITY-ST-ZIP	PARKLAND FL	3.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZONI, LISA	4.2 NAME	
STREET ADDRESS	5942 NW 71 TERRACE	4.3 STREET ADDRESS	5524 LAKE TERN CT.
CITY-ST-ZIP	PARKLAND FL	4.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE *[Signature]* **Donna M. Mazzoni/Lisa** **0511-725-4553**

CR2E034 (10/97)