

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L16907 (2)

1. Corporation Name

DESIGN PACKAGING, INC.



Principal Place of Business

Mailing Address

13432 HWY 448  
PO BOX 1418  
TAVARES F 32778  
US

P O BOX 608339  
ORLANDO FL 32860-8339  
US

3. Date Incorporated or Qualified 09/19/1989	3a. Date of Last Report 02/16/1995
4. FEI Number 59-2968813	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 737 LAKE CREST COVE  
Suite, Apt. #, etc.

26 PO BOX 608339  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 ALTAMONTE SPRINGS, FL

28 ORLANDO, FL

24 Zip 32701-5500  
Country USA

29 Zip 32860-8339  
Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIEL, JAMES L.  
872 ROARING DR  
SUITE 250  
ALTAMONTE SPRINGS FL 32714

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 737 LAKE CREST COVE
83
84 City ALTAMONTE SPRINGS FL 85 Zip Code 32701-5500

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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 of officer or director of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating))

JAMES L. DANIEL PRESIDENT

2-4-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DS	<input type="checkbox"/> DELETE
1.2 NAME DANIEL, JAMES L.	
1.3 STREET ADDRESS 872 ROARING DR #250	
1.4 CITY - ST - ZIP ALTAMONTE SPRINGS FL	
2.1 TITLE	<input type="checkbox"/> DELETE
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> DELETE
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> DELETE
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> DELETE
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> DELETE
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 737 LAKE CREST COVE	
1.4 CITY - ST - ZIP ALTAMONTE SPRINGS, FL 32701-5500	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 and typed or printed name of signing officer or director)

JAMES L. DANIEL

PRESIDENT/SECRETARY

2-4-96

Date

407-830-9370

Daytime Phone #

CR2E034 (12/95)