

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 # **L45023 (3)**

1. Corporation Name
PACK IT IN, INC.



Principal Place of Business: **2120 58TH AVENUE, 762 SOUTH U.S. 1, VERO BEACH FL 32966 US**
Mailing Address: **2120 58TH AVENUE, 762 SOUTH U.S. 1, VERO BEACH FL 32966 US**

3. Date Incorporated or Qualified: **01/22/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2893677**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 SAME**
2a. Mailing Address: **26 SAME**
22. Suite, Apt. #, etc.: **27**
23. City & State: **28**
24. Zip: **25** Country: **29** Zip: **30** Country: **30**

9. Name and Address of Current Registered Agent
**DELANGE, PHILLIP R
3201 62ND DR
VERO BEACH FL 32966**

10. Name and Address of New Registered Agent
81 Name: **Delange, Phillip R.**
82 Street Address (P.O. Box Number is Not Acceptable): **5719 Turnberry Lane**
83
84 City: **Vero Beach** FL 85 Zip Code: **32967**

ADDRESS CHANGE ONLY →

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: *Phil Delange* **PHIL DELANGE, PRESIDENT** DATE: **4/23/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DELANGE, PHILLIP	
STREET ADDRESS	3201 62ND DR	
CITY-ST-ZIP	VERO BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DELANGE, DEBBIE	
STREET ADDRESS	3201 62 DRIVE	
CITY-ST-ZIP	VERO BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Delange, Phillip		
1.3 STREET ADDRESS	5719 Turnberry Lane		
1.4 CITY-ST-ZIP	Vero Bch FL 32967		
2.1 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Delange, Debbie		
2.3 STREET ADDRESS	5719 Turnberry Lane		
2.4 CITY-ST-ZIP	Vero Bch FL 32967		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Phil Delange* DATE: **4/23/96** (407) 562-0016
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (12/95)