FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PH 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98369 (6)

1. Corporation Name
PACKAGING DISTRIBUTORS, INC.

Principal Place of Business
4100 N. POWERLINE ROAD
SUITE S-4
POMPANO BEACH FL 33073

Mailing Address
4100 N. POWERLINE ROAD
SUITE S-4
POMPANO BEACH FL 33073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1990
3a. Date of Last Report: 05/24/1994

2. Principal Place of Business
2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

4. FEI Number: 65-0236188 — Applied For / Not Applicable

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. [illegible] Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

LUPO, LOUIS M.
4100 N POWERLINE RD, STE S4
POMPANO BEACH FL 33073

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

12. OFFICERS AND DIRECTORS

Field	
TITLE	D
NAME	LUPO, LOUIS M.
STREET ADDRESS	4100 N. POWERLINE RD.
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	S
NAME	MOORE, ROGER
STREET ADDRESS	4100 N. POWERLINE RD., #S-4
CITY-ST-ZIP	POMPANO BEACH FL 33073
TITLE	V
NAME	LUPO, MICHAEL
STREET ADDRESS	4100 N POWERLINE RD
CITY-ST-ZIP	POMPANO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — [ ] Change [ ] Addition

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)(i), Florida Statutes. I further certify that the information indicated on the 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: Roger Moore 4-25-95 (305) 971-2733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0118273 CP