
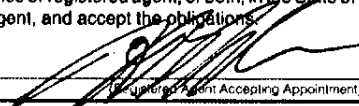
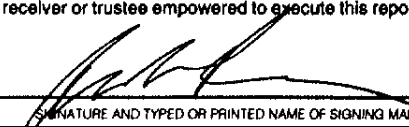
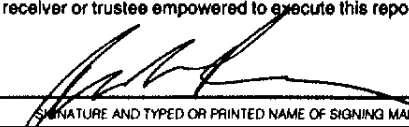


**FILE NOW: Fee after May 1, will be \$588.75**

APPROVED  
AND  
FILED

97 MAY -1 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>PREFERRED PACKAGING PRODUCTS, LIMITED COMP ANY 949 N.W. 9TH AVE. FT. LAUDERDALE FL 33316</b>		<b>DOCUMENT #</b> M96000000217		1a. Principal Place of Business Address <del>949 N.W. 9TH AVE. FT. LAUDERDALE FL 33316</del>	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business <b>254 Bryan Rd. Suite, Apt. #, etc. Bldg. 100 City &amp; State Dania, Florida Zip 33004</b>		2a. Mailing Address <b>254 Bryan Rd. Suite, Apt. #, etc. Bldg. 100 City &amp; State Dania, Florida Zip 33004</b>		3. Date Organized or Qualified <b>06/21/1996</b> 4. FEI Number <b>34-1804185</b> 5. Date of Last Report <b>1st Filing</b>	
				3a. State of Formation <b>OH</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <b>88.75 Additional Fee Required</b> <input type="checkbox"/>	
7. Name and Address of Current Registered Agent <b>NOVAK, HENRY 949 N.W. 9TH AVE. FT. LAUDERDALE FL 33316</b>			8. Name and Address of New Registered Agent Name <b>Henry Novak</b> Street Address (P.O. Box Number is Not Acceptable) <b>254 Bryan Rd., 2000002173012--0</b> Suite, Apt. #, etc. <b>-05/09/97--01075--017</b> Bldg. 100 City <b>Dania</b> Zip Code <b>FL 33004</b>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE 			DATE <b>4/25/97</b>		
(NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	<del>KUNTZ, RICHARD</del>	<del>949 N.W. 9TH AVE.</del>		<del>FT. LAUDERDALE FL</del>	
MGR	<del>NOVAK, HENRY</del>	<del>949 N.W. 9TH AVE.</del>		<del>FT. LAUDERDALE, FL</del>	
MGR	OTT, GEORGE	254 Bryan Rd., Bldg. 100		Dania, FL 33004	
MGR	NOVAK, HENRY	254 Bryan Rd., Bldg. 100		Dania, FL 33004	
 <b>5/1/97</b>					
11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 			DATE <b>4/30/97</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			Date Daytime Phone #		