2003 FOR PROFIT CORPORATION

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1. Entity Nam	ne	0024548		SECRETARY OF STATE DIVISION OF CORPORATIONS	AV
PROCESSING & PACKAGING TECHNOLOGIES, INC.				03 SEP 10 AM 8: 00	
Principal Place of Business 6906 18TH AVENUE WEST BRADENTON FL 34209		Mailing Address 6906 18TH AVENUE WES BRADENTON FL 34209	т		
2. Principal F	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEL Number Applied For Not Applied be	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
PRESCOTT, CHARLES J 2033 WOOD STREET SUITE 115 SARASOTA FL 34237			Street Address	(P.O. Box Number is Not Acceptable)  - 18 * Ave. West	
			City B v o	Actor FL 3420 g	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 k Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	e m
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FISS, HERBERT W 6906 18TH AVENUE WEST BRADENTON FL 34209	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	CR2E034 (4/03)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition S  DDDD22934130 09/10/0301064022 **558.75	5
NAME STREET ADDRESS CITY-ST-ZIP		Delete ~	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	this filing does not qualify for true and accurate and that m wered to execute this report	the exemption stated in S ny signature shall have the as required by Chapter 60	dection 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or director 17, Florida Statutes; and that my name appears in Block 10 or Block 11 if	

SIGNATURE: