## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

atc FILED

99 MAR 17 PM 1: 42

SECKLIARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT	#	Pi	5426
1. Corporation Name		• •	U-12U

**CUSTOM PACKAGING SERVICES, INC.** 

Principal Place of Business	Mailing Address				•••	
427 EVERNIA STREET	427 EVERNIA STREET					
WEST PALM BEACH FL 33401	WEST PALM BEACH FL	33401		DO NOT INDITE IN TURE CRACE		
				DO NOT WRITE IN THIS SPACE  3 Date Incorporated or Qualified	1	
				07/31/1987		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For		
21	26			59-2803895 Not Applica		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional		
22	27			5. Certificate of Status Desired [   Fee Required	"	
City & State	City & State			6. Election Campaign Financing \$5.00 May Be	.	
23	28			Trust Fund Contribution 43.00 May Be	-	
Zip Country	Zip	Countr	ý.	8. This corporation owes the current year Intangible	Ì	
24 25	29	[30]	•	Personal Property Tax Yes [1]No		
9. Name and Address of Cur				10. Name and Address of New Registered Agent		
		8	1 Name			
BRECHER, NICHOLAS M		ļ <u>.</u>	0	and the proof from Manager Manager and the second s		
219 S DIXIE HWY		8	z Street Add	dress (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33401		8	3 🖠	The second secon		
		Į	. ]			
		8-	4 City	Ei 85 Zip Code	1	
41 Pursuant to the provisions of Sections 607 (	0502 and 607 1508. Florida Stat	tutes the above	 	rporation submits this statement for the purpose of changing its registere	أود	
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obl	ate of Florida Such change was	authorized br	y the corporati	tion's board of directors. I hereby accept the appointment as registered	,	
SIGNATURE						
Signature, typed or printed name of registered	agent and title if nyglicable (NC AND DIRECTORS		ent signature re per	and when reasonable to	,	
12. OFFICERS	AND DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	[	
,	[ ] Dett le				illior.	
NAME GRAND, PAUL		1.2 NAME		-n3/24/99n1071006		
STREET ADDRESS 108 FOREST GLEN			FLADORESS	****150,00 ****150,00		
CITY-ST-ZIP HIGHLAND PARK NJ	E I DELETE	14 CiTy	ST-ZiF			
TITLE PO	[ ] DELFTE	2 1 TITLE	1	[   Change	dition	
BRECHER, NICHOLAS M.		2 2 NAME				
STREET ADDRESS 219 S. DIXIE HIGHWAY		and the second	ETADORESS			
CITY-ST-ZIP WEST PALM BEACH FL	The first fi	2.4 CITY	ST-769		-	
TITLE	[] DELETE	31 THELE		[   Change	dition	
NAME COHEN, GERALD		3 2 NAME			ļ	
STREET ADDRESS 950 THIRD AVENUE		335TH£	ELADDRESS			
CITY-ST-ZIP NEW YORK NY		34 CITY-	\$1.7P			
TITLE	DELETE	4 1 TITLE	1	[   Change   [   Ado	dition	
NAME		4 2 NAME			]	
STREET ADDRESS		43 STREE	FTADORESS			
CITY-ST-ZIP		4.4 CITY-	S1-2IF		]	
TITLE	[ ] DELETE	5.1 TITLE		[ ] Change [ ] Add	dition	
NAME		5.2 NAME			ĺ	
STREET ADDRESS		53 STREE	FLADORESS			
CITY-ST-ZIP		54 CITY-	ST-21P	٨	ł	
TITLE	[] DELETE	6 1 TITLE		[ ] Change Add	o Co	
NAME		6.2 NAME		~ltin	154	
CTDECT ADDDECC		63 STREE	LI ADDRESS	m/\ •	••	

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Floridal Statutes. I further certify that the information indicated on this annual eport or supplemental admits a filling and statutes and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the depretation or the received of trustee empowered to execute this report as required by Chapter 607. Floridal Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

X Code 21/QQ