FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

DOCUMENT # P93000019389 (4)

PACK MEDIA COMPANY, INC.

~~2740 E OAKLAND PARK BLVD~~
~~STE 206~~
~~FT LAUDERDALE FL 33306~~
~~US~~

~~2740 E OAKLAND~~ PARK BLVD
~~STE 206~~
~~FT LAUDERDALE~~ FL 33306
~~US~~

3. Date Incorporated or Qualified: 03/15/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0444613 | 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. Florida Statutes | Yes | No

2. Principal Office Address: 2789 N.E. 5th Street
22 Suite, Apt. #, etc.:
23 City & State: Pompano Beach, FL
24 Zip: 33062 | 25 Country: US

2a. Mailing Address: 2789 N.E. 5th Street
27 Suite, Apt. #, etc.:
28 City & State: Pompano Beach, FL
29 Zip: 33062 | 30 Country: US

9. Name and Address of Current Registered Agent

PACK, EDMOND
2789 NE 5TH STREET
SUITE 300
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City | FL | 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	Change / Addition
NAME	PACK, EDMOND	
STREET ADDRESS	2789 NE 5TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VPD	Change / Addition
NAME	PACK, AVERY	
STREET ADDRESS	2789 NE 5TH ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	S	Change / Addition
NAME	PACK, SIMON	
STREET ADDRESS	2789 NE 5TH ST	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change / Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(n), 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: [signature] AVERY PACK 4/24/95 (305) 946-4275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0213133 CP