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

PROFIT CORPORATION **ANNUAL REPORT**



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P93000072288 (2)

DOCUMENT # 1. Corporation Name BRANDT BOX & PAPER, INC.

							<u> </u>				
Principal Place of Business Mailing Address								•			
10705 ROCKE	ET BLVD.	400 N.LEXINGTON DR.									
3 ORLANDO FL 32824		BUFFALO GROVE IL 80089 US				- }	DO NOT WEIT	E IN THIS	¢D∧∩∈		
US	32024	03			⊢	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
							10/11/1993				
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number			Applied For	
21 10/	8 W. CONCORD ST	- 26				İ	59-3205761			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.7	5 Additional		
22		27				5. Certificate of Status Desired	ובט	Fee	Required		
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be					
23 On	Country Country	28				Trust Fund Contribution		Add	ed to Fees		
		Zip Country				8. This corporation owes or has paid the current year intangible					
		29					Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent					Name		10. Name and Address of New R	egistered	Agent		
	OVE, KALVIN M			81	Name	U					
FOX AND GROVE, CHARTERED				82 Street Address (P.O. Box Number is Not Acceptable)				ible)			
360 CENTRAL AVENUE, 11TH FLOOR ST. PETERSBURG FL 33701				63							
31.	PETENSBUNG PL 33701			63							
				84	City				85 Z	ip Code	
44 Purcuant	to the provisions of Sections 607.05.02	2 and CO7 1509 Florida State	ton the o	bow	n nomes	d corpora	tion submits this statement for the	FL	f phonoin	a ita ragiatarad	
Office or re	egistered agent, or both, in the State.	of Horida. Such ch ange was	authorize	id bi	y the cor	prporation'	's board of directors, I hereby acce	ept the apr	pointment	as registered	
ag entla	m familiar with, and accept the obliga	tions of, Section 607,0505, F	lorida Sta	tutes	S.						
SIGNATURE	Signature, typod or printed traine of registered ages	than the Warming able (NF)	11 Henistore	d And	col signatur	re required w	fich reinstating)	DATE			
12.	OFFICERS AND		13.			. C Tesquired II	ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12	
TITLE	P	DELETE	1.1.1	ITLE		T			☐ Chang		
NAME	BRANDT, HARVEY		1.2 N	IAME							
STREET ADDRESS 400 N. LEXINGTON DR.		1.3 ST		TREET	I ADDRESS	;]					
CITY-ST-ZIP	BUFFALO GROVE IL	1.4 CI		ITY-S	St-ZiP	1					
TITLE	ST	DELETE	DELETE 2.1 TO		2.1 TITLE				Chang	ge Addition	
NAME	Brandt, Barry		2.2 NAME								
STREET ADDRESS	400 N. LEXINGTON DR.		2 3 ST		I ADDRESS	3					
CITY-ST-ZIP	BUFFALO GROVE IL		2. 4 CITY+ ST - ZIP								
TITLE		DELETE	3.1 T	ITLE					Chang	ge Addition	
NAME			3.2 N	AMÉ							
STREET ADDRESS			33S	TREET	r address	3					
CITY-ST-ZIP			3 4. 0	OTY-S	ST-ZIP	1					
TITLE		DELETE	4.1 T	ITLE		T			Chang	ge Addition	
NAME			4.21	NAME							
STREET ADDRESS			4.3 S	TREET	ADDRESS	;					
CITY-ST-ZIP			4.4 C	11Y - S	ST-ZIP						
TITLE		☐ DELETE	5.1 1	ITLE					Chang	ge Addition	
NAME			5.2 N	AME							
STREET ADDRESS			5.3 S	TREET	F ADDRESS	3					
CITY-ST-ZIP			5.4 C	ITY-S	ST- 21P						
TITLE		☐ DELETE	6.1 Ti	TLE					Chang	e Addition	
NAME			6.2 N	AME							
STREET ADDRESS	• •		6.3 S	TREET	ADDRESS	;					

14. I 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 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.

407-841-5300

FILED

May 14 1998 8:00am

Secretary of State