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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000023859 (9)

AMERICAN PROMOTIONAL PACKAGING, INC.

Principa: Place of Business Mailing Address

1120 AVE OF AMERICAS 1120 AVE OF AMERICAS

4TH FLOOR

| FILED              |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Feb 10 1997 8:00am |  |  |  |  |  |  |  |  |  |  |  |  |
| Secretary of State |  |  |  |  |  |  |  |  |  |  |  |  |

Daytime Phone #

| 1120 AVE OF AMERICAS<br>4TH FLOOR<br>NY NY 10036<br>US |                                                                         |                                                                                                                            | :                          | 1120 AVE OF AMERICAS<br>4TH FLOOR<br>NY NY 10036-6700<br>US |                  |                          |               |                | 3.                   | Date Incorporated 03/29/1994                                                       | d or Qualified                         |             | ate of Last F<br>4/05/1996              |                 |
|--------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------|------------------|--------------------------|---------------|----------------|----------------------|------------------------------------------------------------------------------------|----------------------------------------|-------------|-----------------------------------------|-----------------|
| 2. Principal Place of Business 2a. Mailing Address     |                                                                         |                                                                                                                            |                            |                                                             |                  |                          |               |                |                      | FEI Number                                                                         |                                        |             |                                         | pplied For      |
| 21 103 Cornelia Street                                 |                                                                         |                                                                                                                            |                            | 26 103 Cornelia Street                                      |                  |                          |               |                | 7"                   | 59-323674                                                                          | В                                      |             |                                         | ot Applicable   |
| Suite, Apt. #, etc.                                    |                                                                         |                                                                                                                            |                            | Suite. Apt. #, etc.                                         |                  |                          |               |                |                      |                                                                                    | ······································ |             |                                         | Additional      |
| 22 City & State                                        |                                                                         |                                                                                                                            |                            | 27 City & State                                             |                  |                          |               |                | Certificate of State |                                                                                    | X                                      | Fee R       | equired                                 |                 |
| Boonton NJ                                             |                                                                         |                                                                                                                            | 28                         | Boonton, NJ                                                 |                  |                          |               |                | 6.                   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |                                        |             |                                         |                 |
| Zip                                                    |                                                                         | Country                                                                                                                    | ļ                          | Zip                                                         | ļ,               | Country                  |               |                |                      | This corporation h                                                                 |                                        |             | _                                       | s. 199.032,     |
| 24 0700                                                | 07005 25 US 29 07005<br>9. Name and Address of Current Registered Agent |                                                                                                                            |                            |                                                             | 30               | 30 US                    |               |                |                      | Florida Statutes                                                                   |                                        |             | □ No                                    |                 |
|                                                        |                                                                         |                                                                                                                            | ent Regi                   | stered Agent                                                | ···              | 81                       | Nan           | 10             | 10.                  | Name and Addre                                                                     | SE OI NOW HE                           | Gisteled    | Agent                                   |                 |
| 1200 SOLITH PINE ISLAND ROAD                           |                                                                         |                                                                                                                            |                            |                                                             |                  |                          |               |                | ress (P              | O. Box Number is                                                                   | s Not Acceptal                         | ble)        |                                         |                 |
|                                                        |                                                                         |                                                                                                                            |                            |                                                             |                  | 83                       | <b> </b>      |                |                      |                                                                                    | ······································ | ·····       | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                 |
| ŀ                                                      |                                                                         |                                                                                                                            |                            |                                                             |                  | 84                       | City          |                |                      |                                                                                    |                                        | FL          | <b>85</b> Zip                           | Code            |
| 11. Pursuan                                            | I to the provis                                                         | sions of Sections 607.0                                                                                                    | 502 and 6                  | 607.1508, Fiorida Sta                                       | tutes, t         | he abov                  | e-nam         | ed corp        | poratio              | n submits this stat                                                                | ement for the                          | purpose c   | of changing                             | its registered  |
| office or<br>agent. I                                  | registered at<br>am familiar w                                          | gent, or both, in the Sta<br>ith, and accept the ob                                                                        | ale of Flor<br>ligations o | ida. Such change wa<br>of, Section 607.0505,                | s authorida      | orized b<br>a Statute    | y the c<br>s. | orporat        | ition's b            | poard of directors.                                                                | I hereby acce                          | pt the ap   | pointment as                            | s registered    |
| SIGNATURE                                              | Signature types                                                         | d or ponted name of registered                                                                                             | agent and 60               | e if applicable (N                                          | IOTE - Ro        | gistered Ag              | ent signa     | cure requi     |                      | reinslating)                                                                       |                                        | DATE        |                                         |                 |
| 12.                                                    |                                                                         | OFFICERS /                                                                                                                 | AND DIRE                   |                                                             |                  | 13.                      |               | <del></del>    | /                    | ADDITIONS/CHAN                                                                     | IGES TO OFFI                           | CERS AN     |                                         |                 |
| TITLE                                                  | LEO, F                                                                  | DANK                                                                                                                       |                            | DELETE                                                      | - 1              | 1.1 TITLE                |               | 1              |                      |                                                                                    |                                        |             | L Change                                | Addition        |
| NAME                                                   | AA MIN                                                                  | EBROOK LN.                                                                                                                 |                            |                                                             |                  | 1.2 NAME                 |               |                |                      |                                                                                    |                                        |             |                                         |                 |
| STREET ADORESS                                         |                                                                         | NECK NJ 07722                                                                                                              |                            |                                                             |                  | 1.3 STREE                | T ADDRE       | SS             |                      |                                                                                    |                                        |             |                                         |                 |
| CITY-ST-ZIP                                            | VST                                                                     | TILON TO UTTLE                                                                                                             |                            | DELETE                                                      | _                | 1.4 CITY-:               | ST-ZIP        | <del>.  </del> |                      |                                                                                    |                                        |             | Change                                  | Addition        |
| TITLE                                                  |                                                                         | INO, JOSEPH D                                                                                                              |                            | □ DETE                                                      |                  | 21 TITLE                 |               |                |                      |                                                                                    |                                        |             | Change                                  | L. Addition     |
| NAME                                                   | 149 01                                                                  | OGEVIEW PLACE                                                                                                              |                            |                                                             |                  | 2.2 NAME                 |               |                |                      |                                                                                    |                                        |             |                                         |                 |
| STREET ADDRESS                                         | BOONT                                                                   |                                                                                                                            |                            |                                                             |                  | 2.3 STREE                |               | 55             |                      |                                                                                    |                                        |             |                                         |                 |
| CITY-ST ZIP<br>TITLE                                   | ST                                                                      |                                                                                                                            |                            | X DELETE                                                    |                  | 2. 4 CITY -<br>3.1 TITLE | SI-ZiP        |                |                      |                                                                                    |                                        |             | Change                                  | Addition        |
| NAME                                                   | MCCLU                                                                   | IRE, CYNTHIA A                                                                                                             |                            | ES DECEN                                                    |                  | 3.2 NAME                 |               |                |                      |                                                                                    |                                        |             |                                         |                 |
| STREET ADDRESS                                         | 440.00                                                                  | SEWOOD LANE                                                                                                                |                            |                                                             | 1                | 3.3 STREE                |               |                |                      |                                                                                    |                                        |             |                                         |                 |
| 1                                                      | MALVE                                                                   | RN PA 19355                                                                                                                |                            |                                                             |                  | 3.4 CITY-                |               | ~              |                      |                                                                                    |                                        |             |                                         |                 |
| CITY-ST-7IP<br>TITLE                                   |                                                                         |                                                                                                                            |                            | DELETE                                                      |                  | 4.1 TITLE                | OI-VIE        |                |                      |                                                                                    | · · · · · · · · · · · · · · · · · · ·  |             | Change                                  | Addition        |
| NAMÉ                                                   |                                                                         |                                                                                                                            |                            |                                                             |                  | 4. 2 NAME                |               |                |                      |                                                                                    |                                        |             |                                         |                 |
| STREET ADDRESS                                         | , ]                                                                     |                                                                                                                            |                            |                                                             | 1                | 4.3 STREE                |               | ss             |                      |                                                                                    |                                        |             |                                         |                 |
| CITY - S1 - 7IP                                        |                                                                         |                                                                                                                            |                            |                                                             |                  | 4.4 CITY-                |               |                |                      |                                                                                    |                                        |             |                                         |                 |
| TITLE                                                  |                                                                         |                                                                                                                            |                            | DELETE.                                                     |                  | 5.1 TITLE                |               | $\top$         |                      |                                                                                    |                                        |             | Change                                  | Addition        |
| NAME                                                   |                                                                         |                                                                                                                            |                            |                                                             |                  | 5.2 NAME                 |               | l              |                      |                                                                                    |                                        |             |                                         |                 |
| STREET ADDRESS                                         | s                                                                       |                                                                                                                            |                            |                                                             |                  | 5.3 STREE                | T ADDRE       | SS             |                      |                                                                                    |                                        |             |                                         |                 |
| C(TY - S1 - Z)P                                        |                                                                         |                                                                                                                            |                            |                                                             |                  | 54 CITY-                 | ST-ZiP        |                |                      |                                                                                    |                                        |             |                                         |                 |
| THTLE                                                  |                                                                         |                                                                                                                            |                            | DELETE                                                      |                  | 61 TITLE                 |               |                |                      |                                                                                    |                                        |             | Change                                  | Addition        |
| NAME                                                   |                                                                         |                                                                                                                            |                            |                                                             | i                | 62 NAME                  |               |                |                      |                                                                                    |                                        |             |                                         |                 |
| STREET ADDRESS                                         | s                                                                       |                                                                                                                            |                            |                                                             | 1                | 63 STREE                 | T ADDRE       | ss             |                      |                                                                                    |                                        |             |                                         |                 |
| CITY-ST-ZIP                                            | 1                                                                       |                                                                                                                            |                            |                                                             |                  | 64 CITY-                 |               |                |                      |                                                                                    |                                        |             |                                         |                 |
| informat<br>Lam an                                     | tion indicated<br>officer or dire                                       | at the information suppon this arinual report is continual report is corporation of the corporation or Block 13 if changed | or suppler<br>or the re    | mental annual report i<br>ceiver or trustee emp             | is true<br>owere | and acc<br>d to exe      | urate         | and tha        | at my si             | ignature shall have                                                                | the same leg                           | al effect a | as if made u                            | nder oath; that |