## 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

**FILED** 

May 13 1997 8:00am

Secretary of State

## DOCUMENT # P94000028156 (5)

SRQ PACKAGING, INC.

Principal Place of Business  5308 ASHTON COURT SARASOTA FL 34233				Mailing Address 5308 ASHTON COURT SARASOTA FL 34233-3401								
SAHASUIA FL	J42JJ		ORK	HOUTH FL 39233-39U	I				Date Incorporated or Qualified     04/11/1994		Date of Last Re <b>5/14/1996</b>	port
2. Principal P	lace of Business		28.	Mailing Address					4. FEI Number		<del></del>	olied For
21			26					65-0486799		<del>     </del>	Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A	dditional	
22			27					5. Certificate of Status Desired		Fee Rec	quired	
City & State				City & State					6. Election Campaign Financing	·	\$5.00	
23			28					Trust Fund Contribution		Added to		
Zip	<del>-</del> -		_	Zip Cou			y		8. This corporation has liability for intangib Florida Statutes  Yes			199.032,
24	25		29 Paist	ered Agent	30			·	Florida Statutes  10. Name and Address of New R			
BAD.	<del></del>		9.0.			81	1	Vame				
	ZA, CHARLY					82	1					***
5308 ASHTON COURT SARASOTA FL 34233							1	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
OFFI	AUGIN I E UTEOU					83	-					
						_	١.,	0.1			- 7:- O	
						84		Dity		F	EL 85 Zip C	ode
11. Pursuant	to the provisions of S	ections 607.0502 ar	nd 60	7.1508, Florida Statu	nes, the	abov	e-n	amed corp	oration submits this statement for the	purpos	e of changing its	registered
oπice or e agent. La	regi <b>ste</b> red agent, or b im <b>fam</b> iliar with, and a	oth, in the State of F ccept the obligation	noria ns of,	a. Such change was Section 607.0505, F	autnoriz torida St	ea bi alule	yti S.	ne corporati	on's board of directors. I hereby acce	pi me i	арронинен аз г	egistered
SIGNATURE												
Olditalone	Stoneture, lyped or printed n						jent s	signature require	ed when reinstating)	EIAT		
12.		OFFICERS AND D	IRE C		13			<del>-</del>	ADDITIONS/CHANGES TO OFFI	CERS A		S IN 12 Addition
THTLE	D DODA GUADIV			DELETE		TITLE					L] Change	Addition
NAME	BORZA, CHARLY	<b>NUOT</b>				NAME						
STREET ADDRESS	5308 ASHTON C							DRESS				
CITY-ST-ZIP	SARASOTA FL 3	1233		DELETE		CITY - S TITLE	\$1.2	ZIP			Change	Addition
TITLE NAME				224							Onlings	
STREET ADDRESS								DRESS				
CITY-ST-ZIP	1					CITY						
TITLE		<del></del>		DELETE		TILLE	31.	-			Change	Addition
NAME					1	NAME					•	
STREET ADDRESS					3 3	STREET	1 AD	ORESS				
CITY-ST-ZIP					34	CHY-	S1-	ZIF'				
TITLE		<del> </del>		☐ DELĒTE	41	TITLE					Change	Addition
NAME					4.2	NAME						
STREET ADDRESS					43	STREET	T AD	DRESS				
CITY-ST-ZIP					44	CITY-S	ST-Z	ZIP				
TITLE		<del></del>		☐ DELETE	51	TITLE					☐ Change	Addition
NAME					52	NAME						
STREET ADDRESS					53	STREET	1 AD	DRESS				
CITY-ST-ZIP					5.4	CHY-	ST-Z	ZIP				
TITLE				DELFTE	61	THLE					Change	Addition
NAME					62	NAME						
STREET ADDRESS					63	\$1REE1	T AD	IDRESS				

14. I do 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 eath; 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.

64 CITY-ST-7IP