SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -5 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000035432 (1)**

1. Corporation Name
ARMELLINI PACKAGING, INC.

Principal Place of Business
5749 SW MAPP RD
PALM CITY FL 34990

Mailing Address
5749 SW MAPP RD
PALM CITY FL 34990

3. Date Incorporated or Qualified: 05/11/1994
3a. Date of Last Report:

2. Principal Place of Business
21 3150 S.W. 42nd AVE
Suite Apt # etc. 22
City & State 23 PALM City FL
Zip 24 34990 25

2a. Mailing Address
26 P.O. Box 606
Suite Apt # etc. 27
City & State 28 PALM City FL
Zip 29 34990 30

4. FEI Number: 65-0499228 — 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. Is this corporation a "small business" as defined by section 1.1201(1), Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
FRANTZ, JEFFREY W
12550 BISCAYNE BLVD
SUITE 406
N MIAMI FL 33181

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 607.0505 and 607.1608, 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: Registered Agent's Name (Typed or Printed) — Date

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-State-Zip
D	ARMELLINI, WILLIAM	5749 SW MAPP RD	PALM CITY FL 34990
D	TEMKIN, DANIEL	5749 SW MAPP RD	PALM CITY FL 34990

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I hereby certify that the information shown with this report is accurate, complete and contains no false or misleading statements or omissions of material fact. I further certify that the corporation has filed all required reports for the preceding calendar year, and that no report is due from the same calendar year. I further certify that I am an officer or director of the corporation or the person authorized to sign this report as required by Chapter 607, Florida Statutes, and that the name and address of the person to receive notice of the next annual report is the same as shown above.

SIGNATURE: (X)
SIGNATURE AND NAME OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (3/95)

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