

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  
Mar 13 1997 8:00am  
Secretary of State

DOCUMENT # **P94000035432 (1)**

1. Corporation Name  
**ARMELLINI PACKAGING, INC.**



Principal Place of Business

**3150 SW 42ND AVENUE  
PALM CITY FL 34990  
US**

Mailing Address

**P. O. BOX 606  
PALM CITY FL 34991-0606  
US**

2. Principal Place of Business

**21** State, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** 25

2a. Mailing Address

**26** State, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** 30

3. Date Incorporated or Qualified  
**05/11/1994**

3a. Date of Last Report  
**03/15/1996**

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. This corporation has liability for intangible tax under s. 199.032,  
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 607.0502 and 607.1508, 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

(SEE INSTRUCTIONS) (SEE INSTRUCTIONS)

(SEE INSTRUCTIONS) (SEE INSTRUCTIONS)

DATE

12. OFFICERS AND DIRECTORS

**12** ☐ DELETE  
**D**  
**NAME** **ARMELLINI, WILLIAM**  
**STREET ADDRESS** **5749 SW MAPP RD**  
**CITY, STATE, ZIP** **PALM CITY FL 34990**  
**13** ☐ DELETE  
**D**  
**NAME** **TEMKIN, DANIEL**  
**STREET ADDRESS** **5749 SW MAPP RD**  
**CITY, STATE, ZIP** **PALM CITY FL 34990**  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11** TITLE ☐ Change ☐ Addition  
**12** NAME ☐ Change ☐ Addition  
**13** STREET ADDRESS ☐ Change ☐ Addition  
**14** CITY-STATE-ZIP ☐ Change ☐ Addition  
**21** TITLE ☐ Change ☐ Addition  
**22** NAME ☐ Change ☐ Addition  
**23** STREET ADDRESS ☐ Change ☐ Addition  
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**54** CITY-STATE-ZIP ☐ Change ☐ Addition  
**61** TITLE ☐ Change ☐ Addition  
**62** NAME ☐ Change ☐ Addition  
**63** STREET ADDRESS ☐ Change ☐ Addition  
**64** CITY-STATE-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included in 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 no amendment or disclaimer of this corporation, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the book of records of this corporation as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 286-7789

CR2E034 (9/96)