

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

FILED

Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000030548 (8)

1. Corporation Name
EASTCOAST STRAPPING & PACKAGING, INC.

Principal Place of Business
1014 THOUSAND OAKS DR
PONTE VEDRA FL 32082

Mailing Address
10740 N 56 ST
SUITE 165
TAMPA FL 33617-3615



3. Date Incorporated or Qualified 04/14/1995	3a. Date of Last Report 04/25/1996
4. FEI Number 62-1603190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent DEBROUX, TERI 1014 THOUSAND OAKS DR PONTE VEDRA FL 32082	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 Teri DeBroux 2/24/97 Teri DeBroux Pres. DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PSD <input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEBROUX, TERI	12 NAME
STREET ADDRESS 1014 THOUSAND OAKS DR	13 STREET ADDRESS
CITY- ST- ZIP PONTE VEDRA FL 32082	14 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
CITY- ST- ZIP	24 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY- ST- ZIP	34 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY- ST- ZIP	44 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY- ST- ZIP	54 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY- ST- ZIP	64 CITY- ST- ZIP

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 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.

SIGNATURE: Teri DeBroux 2/24/97 Teri DeBroux Pres. 813-626-5158

CR2E034 (9/96)