

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000035678 (8)

1. Corporation Name

PACKAGING SPECIALISTS, INC.



Principal Place of Business

136 LAKE BREEZE CIRCLE
LAKE MARY FL 32746

Mailing Address

136 LAKE BREEZE CIRCLE
LAKE MARY FL 32746

2. Principal Place of Business

2a. Mailing Address

21 136 Lakebreeze Cir
Suite, Apt., etc.

26 136 Lakebreeze Cir
Suite, Apt., etc.

22 City & State
23 Lake Mary, FL

27 City & State
28 Lake Mary FL

24 32746 25 Seminole

29 32746 30 Seminole

9. Name and Address of Current Registered Agent

LUBET, MARC L
136 LAKE BREEZE CIRCLE
LAKE MARY FL 32746

3. Date Incorporated or Qualified

05/02/1995

3a. Date of Last Report

1st Report

4. FEIN Number

59-3313649

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

10. Name and Address of New Registered Agent

81 Name

Susan Schiren

82 Street Address (P.O. Box Number is Not Acceptable)

136 Lakebreeze Cir

83

Lake Mary, FL 32746

84 City

Lake Mary

FL

85 Zip Code

32746

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent)

(Signature of New Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
LUBET, MARC
136 LAKE BREEZE CIRCLE
LAKE MARY FL 32746

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
SUSAN Schiren
136 Lakebreeze Cir
LAKE MARY, FL 32746

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Susan Schiren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

4/1/96
Date of Filing

CP2E034 (12/95)