

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000040556 (9)**

1. Corporation Name

**JIT PACKAGING WAREHOUSE, INC.**



Principal Place of Business

Mailing Address

**3929 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134**

**3929 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

**05/23/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **4720 NW 15 AV**

26 **1860 N. PINE ISLAND RD**

4. FEI Number

**65-0584323**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 **115**

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

City & State **FT. LAUDERDALE FL**

City & State **PLANTATION FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24 **33305**

25 **BROWARD**

29 **33322**

30 **BROWARD**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITMAN, IRVING J ESQ.  
3929 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134**

81 Name

**SCOTT A. SACKS**

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

**1860 N. PINE ISLAND RD #115**

83

84 City

**PLANTATION**

**FL**

85

Zip Code

**33322**

11. Pursuant to the provisions of Sections 607.0502 and 607.1518, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/24/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **SACKS, SCOTT**  
CITY - ST - ZIP **3286 BOISE WAY  
COOPER CITY FL 33026**

1.1 TITLE ☐ Change: ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE ☐ Change: ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE ☐ Change: ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change: ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change: ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change: ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/24/96**

**654-124-9977**

CR2E034 (12/95)