

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

FILED

Feb 11 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 # P95000049943 (0)

1. Corporation Name
UNITED PACKAGING, INC.

Principal Place of Business

7664 N.W. 5TH ST.
BLDG. 6, #1-J
PLANTATION FL 33324

Mailing Address

7664 N.W. 5TH ST.
BLDG. 6, #1-J
PLANTATION FL 33324-7933



3. Date Incorporated or Qualified 06/23/1995
3a. Date of Last Report 03/15/1996

4. FEI Number 65-0595183
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

2. Principal Place of Business

21 7664 NW 5TH ST

Suite, Apt. #, etc.

22 BLDG. 6 #1-J

23 PLANTATION, FL

24 Zip 33324

Country

25 BROWARD

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CANON, MATTHEW
7664 N.W. 5TH STREET
BDLG. 6, #1-J
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CANON, MATTHEW
STREET ADDRESS 7664 NW 5TH STREET
CITY - ST - ZIP PLANTATION FL 33324

TITLE D
NAME CAIN, ANDREW
STREET ADDRESS 8450 N SHERMAN CIR E501
CITY - ST - ZIP HOLLYWOOD FL 33025

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME CANON, MATTHEW
1.3 STREET ADDRESS 7664 NW 5TH ST BLDG 6 #1-J
1.4 CITY - ST - ZIP PLANTATION, FL 33324

2.1 TITLE VICE-PRESIDENT
2.2 NAME CAIN, ANDREW
2.3 STREET ADDRESS 8450 N SHERMAN CIR E501
2.4 CITY - ST - ZIP HOLLYWOOD, FL 33025

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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: *Matthew Canon* ANDREW CAIN VICE-PRESIDENT 2/7/97 954-698-1026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)