

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

FILED
Apr 23 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT #

1. Corporation Name

UNITED PACKAGING, INC.

045000049943

Principal Place of Business

Mailing Address

4042 NW 88TH AVE 1-A
SUNRISE, FL 33315

4042 NW 88TH AVE 1-A
SUNRISE, FL 33315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
6/23/1995

| | | |
|---|---|--|
| 2. Principal Place of Business 21 4042 NW 88TH AVE 1-A Suite, Apt. #, etc. 22 1-A City & State 23 SUNRISE, FL Zip 24 33315 | 2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 | 4. FEI Number 65-0595183 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|--|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANION, MATTHEW
4042 NW 88TH AVE 1-A
SUNRISE, FL 33315

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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. (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | CANION, MATTHEW <input type="checkbox"/> DELETE | 1.1 TITLE | P <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 4042 NW 88TH AVE 1-A | 1.2 NAME | CANION, MATTHEW |
| STREET ADDRESS | SUNRISE, FL 33315 | 1.3 STREET ADDRESS | 4042 NW 88TH AVE 1-A |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | SUNRISE, FL 33315 |
| TITLE | CAIN, ANDREW <input type="checkbox"/> DELETE | 2.1 TITLE | V <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 8450 N SHERMAN CIRCLE E-501 | 2.2 NAME | CAIN, ANDREW |
| STREET ADDRESS | MIRAMAR, FL 33025 | 2.3 STREET ADDRESS | 8450 N SHERMAN CIRCLE E-501 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | MIRAMAR FL 33025 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | 4000024383084 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | 04/24/98-01003-031 |
| STREET ADDRESS | | 5.3 STREET ADDRESS | ***150.00 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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: Andrew Cain ANDREW CAIN

4/16/98

951-698-1026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)