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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Apr 25 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000072489 (4)

SWEETY PACKAGING, CO.

CITY-ST-ZIP

Principal Place of Business Mailing Address						400 08084 MANIA BONAL BONAL ADDIA	BANI SARIA MAM AMAM	1811U 1011 1051	
2885 ELECTRONICS DRIVE LIMT 0-4 MELBOURNE FL 32935 US		2885 ELECTRONICS DRIVE UNIT D-4 MELBOURNE FL 32935-2162							
		U\$				3. Date Incorporated or Qualified			
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Num			Applied For	
21		26			59-33	59-3336842 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			te of Status Desired		5 Additional Required	
City & State		City & State	⊢ 1			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country		Zip	Zip Country		8. This corp	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Currer	it Registered Agent		81 Name	10. Name ar	nd Address of New Re	gistered Agent		
PALACIOS, FERNANDO M ESQ.				81 Name					
525 EAST STRAWBRIDGE AVENUE MELBOURNE FL 32901				82 Street Address (P.O. Box Number is Not Acceptable)					
,,,,,					83				
				84 City			FL 85 Z	rip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Sta of Florida. Such change wa ations of, Section 607.0505,	atutes, the a as authorize , Florida Sta	bove-named d by the corp tutes.	corporation submits poration's board of d	this statement for the p lirectors. I hereby accep	purpose of changin of the appointment	ig its registered as registered	
SIGNATURE		and the March and Inc.	EIGNT TO SELLE	A 642 A 644 A	e regured when re-instaling)		DAIL		
12.	Signature, typed or printed name of registered ago OFFICERS AN	D DIRECTORS	13.	a Agant signature		NS/CHANGES TO OFFIC		TORS IN 12	
TITLE	D □ DELETE 1.1		TLE			∠ Chan	ge Addition		
NAME	KLAJN, ALEX		1.2 N	AME					
STREET ADDRESS 5800 NORTH BANANA RIVER B		BLVD.			2885 Electronics Dr. Unit D4				
CITY-ST-ZIP CAPE CANAVERAL FL 32920			1.4 CITY+ST+ZIP		melbourne	F1 32935			
TITL€	-		2.1 T	11LE	Change Addition				
NAME	CUSSON, DEBORA A		2.2 N		}			1	
STREET ADDRESS 2909 ST. MARKS AVENUE			2.3 STREET ADDRESS						
CITY-ST-ZIP	MELBOURNE FL 32935	DELETE		CITY-ST-ZIP			Chan	ge Addition	
TITLE	•	בַ ווּננות	3.1 T 3.2 N				Onan	ge C Rodinon	
NAME STREET ADDRESS	AAAA AM AAAMAA AAMARRIM			TREET ADDRESS					
CITY-ST-ZIP	MELBOURNE FL 32935			CITY-ST-ZIP					
TITLE	MIGGEOGIA TE GEGO	DELETE	4.1 T				☐ Chan	ge Addition	
NAME			4 2 1	NAME	ļ				
STREET ADDRESS			4.3 S	THEFT ADDRESS	Ì				
CITY-ST-ZIP			4.4 0	HY-ST-7IP					
TITLE			ITLE	☐ Change ☐ Addition					
NAME			5.2 N	AME				1	
STREET ADDRESS			5.3 9	TREET ADDRESS					
CITY-ST-ZIP		_ <u></u>		ITY-ST-ZIP	<u> </u>			· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	6.1 T				Chan	ige 🔲 Addition	
NAME		6.2 N							
STREET ADDRESS	I		6.3 9	TREE1 ADDRESS					

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.