

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

FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000083290 (3)

1. Corporation Name

MISTER BLISTER PACKAGING COMPANY, INC.



Principal Place of Business 14401 60TH ST N CLEARWATER FL 34620	Mailing Address 14401 60TH ST N CLEARWATER FL 34620-2710
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2. Principal Place of Business 21 10161 49th STREET N Suite, Apt. #, etc. 22 BLDG Q City & State 23 PINELLAS PARK, FL Zip 24 33782		2a. Mailing Address 26 10161 49th STREET N Suite, Apt. #, etc. 27 BLDG Q City & State 28 PINELLAS PARK, FL Zip 29 33782		3. Date Incorporated or Qualified 10/26/1995		3a. Date of Last Report 05/01/1996	
Country 25 USA		Country 30 USA		4. FEI Number 59-3345782		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent DEMAY, LOUIS N 14401 60TH ST N CLEARWATER FL 34620				10. Name and Address of New Registered Agent 81 Name DEMAY, LOUIS N 82 Street Address (P.O. Box Number is Not Acceptable) 10161 49th STREET N 83 BLDG Q 84 City PINELLAS PARK FL 85 Zip Code 33782			
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CPTS	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEMAY, LOUIS N			1.2 NAME			
STREET ADDRESS	14401 60TH ST N			1.3 STREET ADDRESS	10161 49th ST N BLDG Q		
CITY-ST-ZIP	CLEARWATER FL 34620			1.4 CITY-ST-ZIP	PINELLAS PARK FL 33782		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEMAY, PATRICIA J			2.2 NAME			
STREET ADDRESS	14401 60TH ST N			2.3 STREET ADDRESS	10161 49th ST N BLDG Q		
CITY-ST-ZIP	CLEARWATER FL 34620			2.4 CITY-ST-ZIP	PINELLAS PARK, FL 33782		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
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 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:

Louis N Demay LOUIS N DEMAY 4-20-97 (813) 572-1505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)