

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000083290 (3)

1. Corporation Name

MISTER BLISTER PACKAGING COMPANY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10161 49 TH STREET N BLDG O PINELLAS PARK FL 33782 US		Mailing Address 10161 49TH STREET N BLDG O PINELLAS PARK FL 33782 US	
2. Principal Place of Business 21 10601 47TH ST N. Suite, Apt. #, etc.		2a. Mailing Address 26 10601 47TH ST N Suite, Apt. #, etc.	
22 City & State 23 CLEARWATER FL		27 City & State 28 CLEARWATER FL	
24 Zip 33762		29 Zip 33762	
25 Country USA		30 Country USA	
3. Date Incorporated or Qualified 10/26/1995		4. FEI Number 59-3345782	
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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent DEMAs, LOUIS N 10161 49TH STREET N BLDG O PINELLAS PARK FL 33782		10. Name and Address of New Registered Agent 81 Name DEMAs, LOUIS N 82 Street Address (P.O. Box Number is Not Acceptable) 10601 47TH ST N 83 84 City CLEARWATER FL FL 85 Zip Code 33762	

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 Louis N Demas 4-18-98  
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	OPTS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMAs, LOUIS N	1.2 NAME	
STREET ADDRESS	10161 49TH ST N BLDG O	1.3 STREET ADDRESS	10601 47TH ST N
CITY-ST-ZIP	PINELLAS PARK FL	1.4 CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMAs, PATRICIA J	2.2 NAME	
STREET ADDRESS	10161 49TH ST N BLDG O	2.3 STREET ADDRESS	10601 47TH ST N
CITY-ST-ZIP	PINELLAS PARK FL	2.4 CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE		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		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		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		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: Louis N Demas LOUIS N DEMAS 4-18-98 (813) 572-1505

CR2E034 (10/97)