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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000069492 (2)

LENNA PACKAGING, INC.

STREET ADDRESS

Lam an officer or director of the appears in Block 12 or Block

CITY - S1 - ZIP

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Principal Place of Business Mailing Address 2642 EAST TAMIAMI TRAIL STE 60 NAPLES FL 34112 Principal Place of Business Mailing Address 2642 EAST TAMIAMI TRAIL STE 60 NAPLES FL 34112-5707										
							3. Date Incorporated or Qualified 08/19/1996		Pate of Last Re	eport
2. Principa	al Place of Business	2a.	Mailing Address				4. FEI Number	k		plied For
21		26				•	65-069410	2	No	t Applicable
	pt. #. etc	├ ─┐	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additiona			
City & S	State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added t	
Ζιρ	Country		Zφ	Cou	untry	1	8. This corporation has liability for	Intangible	e tax under s.	199.032
24	25	29	***************************************	30				Yes		
	9. Name and Address of C	Current Regist	ered Agent		<u> </u>		10. Name and Address of New Re	glatered	Agent	
	oberg, george				81	Name				
26	842 EAST TAMIAMI TRAIL STE	60			82	Street Addre	ess (P.O. Box Number is Not Acceptal	ole)		
N/	APLES FL 34112									
					В3					
					84	City			or Zin (Code
					**	City		FL	85 Zip (Jode
agent. SIGNATUR							oration submits this statement for the join's board of directors. I hereby acce	DATE		
12.		RS AND DIREC		13.		On O Briston Program	ADDITIONS/CHANGES TO OFFI		D DIRECTOR	IS IN 12
THE	PSTD		DELETE	1.1 7		T			Change	Additio
NAME	FORSMARK, GORAN			1.2 N	IAME					
STREET ADORES	ANA PACT TANDAM TOA	IL STE 60				T ADDRESS				
City St 20	NAPLES FL 34112					ST-ZIP				
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NAME	MOBERG, GEORGE			2.2 N					<u> </u>	had the
STREET ADORES	ANA PART TARRASS TO	IL STE 60		1		T ADDRESS				
	NAPLES FL 34112		-			ST-ZIP				
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STREET ADDRES	(5)					T ADDRESS				
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NAME:					IAME	i				
STREET ADDRES	(88)					T ADDRESS				
COY-SI-7IP			Otiette		·	ST-ZIP	***************************************		Change	Addition
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NAMÉ	l l			■ 62 N	IAME	1				

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby cortly 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 supply mental 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 perportion of 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 12 or grant attachment with an address.