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VIA CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

900003221969-- 4 -04/24/00-01173--001 ******70.00 ******35.00

Re:

Statement of Change of Registered Office or Registered Agent for MICRO MOLDING TECHNOLOGIES, INC. and PACKAGING CONCEPTS ASSOC., INC.

Dear Sir or Madam:

Enclosed please find for filing the original and one copy of the Change of Registered Office or Registered Agent, or both, for each of MICRO MOLDING TECHNOLOGIES, INC. and PACKAGING CONCEPTS ASSOC., INC.

Enclosed please also find a check for \$70.00 made payable to the Department of State which covers the following items:

State Filing Fee for MICRO MOLDING TECHNOLOGIES, INC.

\$35.00

State Filing Fee for PACKAGING CONCEPTS ASSOC., INC.

\$35.00

Mys

Florida Department of State Division of Corporations April 19, 2000 Page 2

If you have any questions, please feel free to call me at the above number. Thank you in advance for your prompt and immediate attention to this matter.

Very truly yours,

Richard B. Comiter

Enclosures

cc:

Philip Meshberg (w/out enclosures)

Dennis Bleakley (w/out enclosures)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- The name of the corporation is: MICRO MOLDING TECHNOLOGIES, INC. 1.
 - 2. The mailing address of the corporation is:

4925 Park Ridge Blvd., Suite A Boynton Beach, FL 33426

3. Date of incorporation/qualification: April 3, 1997

Document number: N 970000 30500.

4. The name and address of the current registered agent and office:

> Edwin R. Fink 2455 East Sunrise Blvd., Penthouse East Fort Lauderdale, FL 33304

5. The name and address of the new registered agent and office (P.O. Box Not Acceptable)

> Dennis Bleakley 4925 Park Ridge Blvd., Suite A Boynton Beach, FL 33426

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an offic	er so authorized
by the board.	
(Signature of an officer, chairman or vice chairman of the board) 4/17/2000 (Date)	
Philip Meshberg, President	+
(Printed or typed name and title)	

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the

obligations of my position as registered agent. 4-17-2000 (Signature of Registered/Agent) (Date) If signing on behalf of an entity: BLEAKL REASUR (Typed or Printed Name) * * * FILING FEE: \$35.00 * * *

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSE

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