

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

1062

00 JUL 19 - PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROF. CORP. ANNUAL REPORT 2000
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000073051

1. Corporation Name
PACK N WRAP, INC.

Principal Place of Business
200 150TH AVE., SUITE B & C
MADEIRA BCH FL 33708

Mailing Address
200 150TH AVE., SUITE B & C
MADEIRA BCH FL 33708

4/29/99: 90146/006 \$150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 15107 MADEIRA WAY	26 15107 MADEIRA WAY	08/20/1998	65-0853919	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input checked="" type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23 MADEIRA Bch FI	28 MADEIRA Bch FI	Trust Fund Contribution	<input type="checkbox"/>	
Zip	Country	29 33708	30 USA	
24 33708	25 USA	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

TRIOLO, G. ELIZABETH
200 150TH AVE., SUITE B & C
MADEIRA BCH FL 33708

10. Name and Address of New Registered Agent

81 Name	TRIOLO G. ELIZABETH
82 Street Address (P.O. Box Number is Not Acceptable)	15107 MADEIRA WAY
83	
84 City	MADEIRA BEACH FL
85 Zip Code	33708

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 of officer or director of corporation 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	D	1.1 TITLE	D
NAME	TRIOLO, JOSEPH M	1.2 NAME	TRIOLO, JOSEPH M
STREET ADDRESS	200 150TH AVE., SUITE B & C	1.3 STREET ADDRESS	15107 MADEIRA WAY
CITY-ST-ZIP	MADEIRA BCH FL 33708	1.4 CITY-ST-ZIP	MADEIRA Bch FI 33708
TITLE	D	2.1 TITLE	P
NAME	TRIOLO, ELIZABETH	2.2 NAME	TRIOLO, ELIZABETH
STREET ADDRESS	200 150TH AVE., SUITE B & C	2.3 STREET ADDRESS	15107 MADEIRA WAY
CITY-ST-ZIP	MADEIRA BCH FL 33708	2.4 CITY-ST-ZIP	MADEIRA Bch FI 33708
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	200003342782--2
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-08/01/00--01093--010
TITLE		4.1 TITLE	****150.00 ****150.00
NAME		4.2 NAME	LS
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 the attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

(727) 397-3534

2 of 2

Pack-n-Wrap Inc.
15107 Madeira Way
Madeira Bch. Fl. 33708

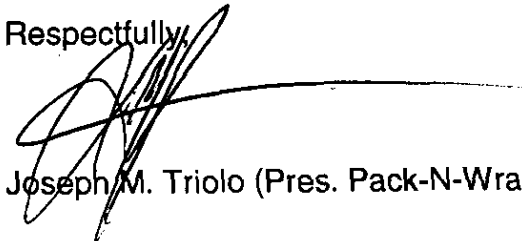
Leslie Sellers
St of Fl/Dept of St/Dv of Corp
409 E. Gaines St.
Tallahassee Fl. 32399

Dear Ms. Sellers,

This letter is to ask you to wave the late fee for my Corporate renewal. As I stated before, I sent in my form with my check as I was suppose too. Your dept. cashed the check but sent the form back for correction. I never received the form back but did latter get a letter saying I was late, which I was not, and had to pay the late fee. I called your office and was told that they would in fact wave the late fee and to send in a corrected form.

Here is the corrected form and this letter as you requested. Please process as soon as possible and let me know if there is any thing else I can do.

Respectfully,

A handwritten signature in black ink, appearing to read 'J. Triolo', with a long horizontal line extending to the right.

Joseph M. Triolo (Pres. Pack-N-Wrap Inc.)