

DOCUMENT # P99000025721

1. Entity Name

ADVERTISING PACKAGING ASSOCIATION INTERNATIONAL

Principal Place of Business

Mailing Address

2722 ARBORWOOD RD
DAVIE FL 333282722 ARBORWOOD RD
DAVIE FL 33328-6910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2852866

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent.

7. Name and Address of New Registered Agent

AIGNER, MICHAEL J
2722 ARBORWOOD RD
DAVIE FL 33328

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRES	<input type="checkbox"/> Delete
NAME	GEORGE STEWART	
STREET ADDRESS	300 BRAEMONT CONDOS	
CITY-ST-ZIP	MCKEESPORT, PA 15135	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	JOHN MCNAUGHTON	
STREET ADDRESS	544 TOLLAND ST	
CITY-ST-ZIP	EAST HARTFORD, CT 06108	
TITLE	SECTY	<input type="checkbox"/> Delete
NAME	LARRY JOSEPH	
STREET ADDRESS	2201 PENNSYLVANIA AVE.	
CITY-ST-ZIP	PHILADELPHIA, PA 19120	
TITLE	TREAS.	<input type="checkbox"/> Delete
NAME	MICHAEL AIGNER	
STREET ADDRESS	2722 ARBORWOOD RD	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-00 954-915-0911

FILED
May 02, 2000 8:00 am
Secretary of State

01-20-2000 90175 015 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)