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

**PROFIT CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU	MENT # <b>S75887</b>	7 (7)			
	CKAGING, INC.	•			
					1 818(1 818(1 918))
5 1 5	-10	16. To . 6. day			
		Mailing Address			
12911 WALSINGHAM #401 LARGO FL 33774		12911 Walsingham #401 Largo Fl 24644—)			
US		us		DO NOT WRITE IN T	HIS SPACE
	•			08/23/1991	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26 New Zipcode		56-3085678	Not Applicable
Suite, Apt. #, etc.		Suite, Apy #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		a Floring Committee Financia	Fee Required
23		28		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid th	e current year Intangible
24	25		00	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	·	81 Name	10. Name and Address of New Registe	ored Agent
	STICK, W.G., JR. - 56TH STREET SOUTH	7 same ager	. L	ostick W.G. JR.	
	PETERSBURG FL 33707	> new	"\".	ess (P.O. Box Number is Not Acceptable)	
. 91.	I CICHODONO I C 00707	( address	S 83		
•			B4 City		<b>85</b> Zip Code
			51		FL   33710
<ol> <li>Pursuant t office or re</li> </ol>	to the provisions of Sections 607.050. soistered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida. Such change was au	s, the above-named corp thorized by the corporati	oration submits this statement for the purpo ion's board of directors. I hereby accept the	se of changing its registered :
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered ago.	or and sile if applicable (NOTE:	Registered Agent signature require	pd when reinstating) DA	NIE .
12.	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	DIMBERIO, BARRY L.		1.2 NAME		
STREET ADDRESS	13035 - 91ST AVENUE NO. SEMINOLE FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VP	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	DIMBERIO, LISA M.	_	2.2 NAME		
STREET ADDRESS	13035 91ST AVE N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>SEMINOLE FL</b>		2. 4 CITY-S1-ZIP	,	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	•		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		- Drifte	4.4 CITY-ST-ZIP		Change Addition
TITLE NAME		L_] DELETE	5.1 TITLE 5.2 NAME	•	Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	<del></del>	DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ertify that the information aumnited wi	ith this filing does not qualify for	6.4 CITY-ST-ZIP	Section 119 07(3Vi) Florida Statutas Liberth	er certify that the information
14. Thereby 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 or or or an address.					
				//	

**FILED** 

May 04 1998 8:00am

Secretary of State