

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S84022** (0)

1. Corporation Name
PACKAGING CONCEPTS ASSOC., INC.

Principal Place of Business

~~2455 EAST SUNRISE BLVD.~~
~~PH EAST~~
~~FT. LAUDERDALE FL 33304~~

Mailing Address

2455 EAST SUNRISE BLVD.
PH EAST
FT. LAUDERDALE FL 33304-9118

2. Principal Place of Business

21 **2407 LAGUNA DR**

Suite, Apt. #, etc.

22 City & State

23 **FORT LAUDERDALE FL**

24 Zip **33316**

25 Country **USA**

2a. Mailing Address

26 **PO Box 6628**

Suite, Apt. #, etc.

27 City & State

28 **FT LAUDERDALE FL**

29 Zip **33316-0060**

30 Country **USA**

3. Date Incorporated or Qualified

10/01/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0299730

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

FINK, EDWARD R.
~~**2455 EAST SUNRISE BLVD.**~~
~~**PH EAST**~~
~~**FT. LAUDERDALE FL 33304**~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

2407 LAGUNA DRIVE

83

84 City

FORT LAUDERDALE

85

Zip Code

33316

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D MESHBERG, PHILIP**
STREET ADDRESS **2455 EAST SUNRISE BLVD., PH-E**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME **D FINK, EDWARD R.**
STREET ADDRESS **2455 EAST SUNRISE BLVD., PH-E**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**118 BURR COURT
BRIDGEPORT CT 06605**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**2407 LAGUNA DRIVE
FORT LAUDERDALE FL 33316**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward R. Fink
April 7, 1997
(954) 524-6289

DATE AND PHONE #

CR2E034 (9/96)