

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

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
**2407 LAUGNA DR
FORT LAUDERDALE FL 3316
US**

Mailing Address
**P.O. BOX 6628
FT LAUDERDALE FL 33316-0060
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4925 Park Ridge Blvd. Suite, Apt. #, etc. Suite A 22 City & State 23 Boynton Beach, FL Zip Country 24 33426 25 Palm Beach		2a. Mailing Address 26 4925 Park Ridge Blvd. Suite, Apt. #, etc. Suite A 27 City & State 28 Boynton Beach FL Zip Country 29 33426 30 Palm Beach		3. Date Incorporated or Qualified 10/01/1991	
		4. FEI Number 65-0299730		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**FINK, EDWARD R.
2407 LAGUNA DRIVE
PH EAST
FORT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 date 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	P/D
NAME	MESHBURG, PHILIP	1.2 NAME	Philip Meshberg
STREET ADDRESS	118 BURR COURT	1.3 STREET ADDRESS	4925 Park Ridge Blvd
CITY-ST-ZIP	BRIDGEPORT CT	1.4 CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE	D	2.1 TITLE	
NAME	FINK, EDWARD R.	2.2 NAME	
STREET ADDRESS	2407 LAGUNA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	S Julia Meshberg
STREET ADDRESS		3.3 STREET ADDRESS	4925 Park Ridge Blvd.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE		4.1 TITLE	V/D
NAME		4.2 NAME	Henry Delaney, Jr.
STREET ADDRESS		4.3 STREET ADDRESS	4925 Park Ridge Blvd
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE		5.1 TITLE	V/D
NAME		5.2 NAME	Edwin I. Stoltz PhD
STREET ADDRESS		5.3 STREET ADDRESS	4925 Park Ridge Blvd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE		6.1 TITLE	V/T/D
NAME		6.2 NAME	Dennis M. Bleakley
STREET ADDRESS		6.3 STREET ADDRESS	4925 Park Ridge Blvd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Boynton Beach, FL 33426

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 an attachment with an address.

SIGNATURE:

Dennis M. Bleakley **DENNIS M. BLEAKLEY 2-18-98 561-364-0014**

CR2E034 (1097)