

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90004 007 ***158.75

DOCUMENT # S84022

1. Corporation Name

PACKAGING CONCEPTS ASSOC., INC.

Principal Place of Business

4925 PARK RIDGE BLVD
STE A
BOYNTON BCH FL 33426
US

Mailing Address

4925 PARK RIDGE BLVD
STE A
BOYNTON BCH FL 33426
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1991

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 owes the current year Intangible
Personal Property Tax.



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 ☐ DELETE

NAME PD
MESHBERG, PHILIP
STREET ADDRESS 4925 PARK RIDGE BLVD
CITY-ST-ZIP BOYNTON BCH FL 33426

1.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME D
FINK, EDWARD R.
STREET ADDRESS 2407 LAGUNA DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL

2.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME S
MESHBERG, JULIA
STREET ADDRESS 4925 PARK RIDGE BLVD
CITY-ST-ZIP BOYNTON BCH FL 33426

3.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME VD
DELANEY, HENRY J
STREET ADDRESS 4925 PARK RIDGE BLVD
CITY-ST-ZIP BOYNTON BCH FL 33426

4.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME VTD
BLEAKLEY, DENNIS M
STREET ADDRESS 4925 PARK RIDGE BLVD
CITY-ST-ZIP BOYNTON BCH FL 33426

5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME VD
STOLTZ, EDWIN I PHD
STREET ADDRESS 4925 PARK RIDGE BLVD
CITY-ST-ZIP BOYNTON BCH FL 33426

6.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

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 an attachment with an address, with all other like empowered.

SIGNATURE: *Dennis M. Bleakley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-99 561-364-0014

CR2E034 (1/198)