FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

V06660

(7)

CENTIN	AL CARTON & FINISHING	COMPANY, INC.							
Frincipal Place of Business 543 BROOKHAVEN DR.		Mailing Address 543 BROOKHAVEN DR				I lead and about drug acce			***************************************
ORLANDO FI US	. 32003	ORLANDO FL 32803 US				3. Date Incorporated or Qualified	d 3a. Dai	te of Last	
						01/15/1992		05/01/	
2, Principal Plac	e of Business	2a. Mailing Address				4. FEI Number 59-3105785		-	Applied For
1		26				38-3 103703		607	Not Applicable 5 Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Required
City & State		City & State				6. Election Campaign Financing		\$5.	00 May Be
:3		28		,		Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Cou	intry		B. This corporation has liability for	or intangible	tax under	s 199.032,
4	25	29	30	, <u>-</u>			es □No		
	9. Name and Address of Curren	it Registered Agent		81 Na	me	10. Name and Address of New	v Registered	Agent	
	DOUGLAS A.		82 Str		eet Addres	ss (P.O. Box Number is Not Accept	table)		
	JZANNE WAY			83					
LUNGW	OOD FL 32779								
				84 C	у		FI	85	Zip Code
or registere	d agent, or both, in the State of Florid and accept the obligations of Sect	da. Such change was authori tion 607.0505. Florida Statute	zed by the (corporati	ori s board	to directors, thereby accept the a			
familiar with	i, and accept the obligations of, Sect Ignature, typed or prined name of registered agent	rand title if applicable. (N	zed by the (s. OTE Registered			when reinstating)	DATE		
or registere familiar with SIGNATURE \$, and accept the obligations of, Sect Ignature, typed or printed name of registered agent OFFICERS AN	tion 607.0505, Florida Statute	zed by the (s.	d Agent sign			DATE		ORS IN 12
or registere familiar with SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE	, and accept the obligations of, Secti ignature, typed or printed name of registered agent OFFICERS AN	ion 607.0505, Florida Statute end litle if applicable. (N D DIRECTORS	ote Registered	d Agent sign		when reinstating)	DATE	ID DIREC	ORS IN 12
or registere familiar with SIGNATURE SIGNATURE SIGNATURE SIGNATURE SITUE NAME	ignature, typed or prin ed name of registered agent OFFICERS AN D OLVEY, DOUGLAS A.	ion 607.0505, Florida Statute end litle if applicable. (N D DIRECTORS	OTE Registered 13. 1.1 T 1.2 N	d Agent sign	sture required v	when reinstating)	DATE	ID DIREC	ORS IN 12
or registere familiar with SIGNATURE STILLE NAME STREET AODRESS	, and accept the obligations of, Secti ignature, typed or printed name of registered agent OFFICERS AN	ion 607.0505, Florida Statute end litle if applicable. (N D DIRECTORS	OTE Registered 13. 1.11 1.2 N 1.3 S	d Agent sign TITLE IAME	sture required v	when reinstating)	DATE	ID DIREC	ORS IN 12
or registere familiar with SIGNATURE SIGNATURE SIGNATURE SIGNATURE SITUE NAME	ignature, typed or prin ed name of registered agent OFFICERS AN D OLVEY, DOUGLAS A. 1300 SUZANNE WAY	ion 607.0505, Florida Statute end litle if applicable. (N D DIRECTORS	OTE Registered 13. 1.11 1.2 N 1.3 S	d Agent sign TITLE IAME TREET ADDI	sture required v	when reinstating)	DATE	ID DIREC	ORS IN 12
or registere familiar with SIGNATURE STALE TAODRESS CITY-ST-ZIP	produce the obligations of, Section of Federal Republic Research of Programme of Tegisland agent of Processing Andrews of Tegisland agent of Processing Andrews of Tegisland agent of Processing Andrews of Tegisland agent of	ion 607.0505, Florida Statute rand little if applicable. (N D DIRECTORS DELETE	OTE Registered 13. 1.11 1.2 N 1.3 S 1.4 C	d Agent sign TITLE IAME TREET ADDI HTY-ST-ZIF	sture required v	when reinstating)	DATE	ID DIREC	ORS IN 12
or registere familiar with SIGNATURE SIGNATURE SITILE NAME STHEET ADDRESS City-SI-ZIP	ignature: typed or prin ed name of registered agent OFFICERS AN D OLVEY, DOUGLAS A. 1300 SUZANNE WAY LONGWOOD FL D OLVEY, CORINNE ISRAEL 1300 SUZANNE WAY	ion 607.0505, Florida Statute rand little if applicable. (N D DIRECTORS DELETE	OTE Registered 13. 1.17 1.2N 1.3S 1.4C 2.11	d Agent sign TITLE IAME TREET ADDI HTY-ST-ZIF	nure required a	when reinstating)	DATE	ID DIREC	ORS IN 12
or registere familiar with SIGNATURE SIGNATURE SITUE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	practice, typed or prin ed name of registered agent OFFICERS AN DOLVEY, DOUGLAS A. 1300 SUZANNE WAY LONGWOOD FL DOUVEY, CORINNE ISRAEL	end life if applicable. (N D DIRECTORS DELETE	OTE Registered 13. 1.17 1.2N 1.3S 1.4C 2.11 2.2N 2.3S 2.4C	d Agent signi ITLE IAME TREET ADDI ITLE IAME IAME ITREET ADDI ITREET ADDI	nure required a	when reinstating)	DATE	ID DIREC Chang	ORS IN 12 Addition Addition
or registere familiar with SIGNATURE 12. TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ignature: typed or prin ed name of registered agent OFFICERS AN D OLVEY, DOUGLAS A. 1300 SUZANNE WAY LONGWOOD FL D OLVEY, CORINNE ISRAEL 1300 SUZANNE WAY	ion 607.0505, Florida Statute rand little if applicable. (N D DIRECTORS DELETE	2ed by the 6 s. OTE Registered 13. 1.17 1.2N 1.3S 1.4C 2.11 2.2N 2.3S 2.4C 3.11	ITTLE IAME TITLE TITLE TITLE TITLE TITLE TAME TITLE TAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	nure required a	when reinstating)	DATE	ID DIREC	ORS IN 12 Addition Addition
or registere familiar with SIGNATURE 12. TITLE NAME STHEET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME NAME NAME	ignature: typed or prin ed name of registered agent OFFICERS AN D OLVEY, DOUGLAS A. 1300 SUZANNE WAY LONGWOOD FL D OLVEY, CORINNE ISRAEL 1300 SUZANNE WAY	end life if applicable. (N D DIRECTORS DELETE	2ed by the 6 s. OTE Registered 13. 1.17 1.2N 1.3S 1.4C 2.17 2.2N 2.3S 2.4C 3.11 3.2N	ITTLE IAME TREET ADDI TITLE IAME ITTLE IAME ITTLE IAME ITTLE IAME ITTLE ITTLE IAME ITTLE IAME	ESS	when reinstating)	DATE	ID DIREC Chang	ORS IN 12 Addition Addition
or registere familiar with SIGNATURE 112. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	ignature: typed or prin ed name of registered agent OFFICERS AN D OLVEY, DOUGLAS A. 1300 SUZANNE WAY LONGWOOD FL D OLVEY, CORINNE ISRAEL 1300 SUZANNE WAY	end life if applicable. (N D DIRECTORS DELETE	2ed by the 6 s. OTE Registered 13. 1.17 1.2N 1.3S 1.4C 2.11 2.2N 2.3S 2.4C 3.11 3.2N 3.3S	ITTLE IAME ITTLE IAME ITTLE IAME ITTLE IAME ITTLE IAME ITTLE IAME ITTLE ITTLE IAME ITTLE IAME IAME IAME IAME IAME	ESS ESS	when reinstating)	DATE	ID DIREC Chang	ORS IN 12 Addition Addition
or registere familiar with SIGNATURE 112. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME SIPEET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	ignature: typed or prin ed name of registered agent OFFICERS AN D OLVEY, DOUGLAS A. 1300 SUZANNE WAY LONGWOOD FL D OLVEY, CORINNE ISRAEL 1300 SUZANNE WAY	end life if applicable. (N D DIRECTORS DELETE DELETE	2ed by the 6 13. 1.17 1.2N 1.3S 1.4C 2.17 2.2N 2.3S 2.4C 3.11 3.2N 3.3S 3.4C	ITTLE IAME TREET ADDITION THE TR	ESS ESS	when reinstating)	DATE	ID DIREC* Chang Chang	ORS IN 12 Addition Addition
or registere familiar with SIGNATURE SIGNATURE STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	ignature: typed or prin ed name of registered agent OFFICERS AN D OLVEY, DOUGLAS A. 1300 SUZANNE WAY LONGWOOD FL D OLVEY, CORINNE ISRAEL 1300 SUZANNE WAY	end life if applicable. (N D DIRECTORS DELETE	2ed by the 6 13. 1.11 1.2N 1.3S 1.4C 2.11 2.2N 2.3S 2.4C 3.11 3.2N 3.3S 3.4C 4.11	ITTLE IAME TITLE TAME TAME	ESS ESS	when reinstating)	DATE	ID DIREC Chang	ORS IN 12 Addition Addition
or registere familiar with SIGNATURE SIGNATURE STAFF ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	ignature: typed or prin ed name of registered agent OFFICERS AN D OLVEY, DOUGLAS A. 1300 SUZANNE WAY LONGWOOD FL D OLVEY, CORINNE ISRAEL 1300 SUZANNE WAY	end life if applicable. (N D DIRECTORS DELETE DELETE	2ed by the 6 s. OTE Registered 13. 1.11 1.2N 1.3S 1.4C 2.11 2.2N 2.3S 2.4C 3.11 3.2N 3.3 S 3.4C 4.11 4.2N	ITTLE IAME IAME IAME IAME IAME IAME IAME IAM	ESS ESS	when reinstating)	DATE	ID DIREC* Chang Chang	ORS IN 12 Addition Addition
OF REGISTERE FAMILIAR WITH SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDR	ignature: typed or prin ed name of registered agent OFFICERS AN D OLVEY, DOUGLAS A. 1300 SUZANNE WAY LONGWOOD FL D OLVEY, CORINNE ISRAEL 1300 SUZANNE WAY	end life if applicable. (N D DIRECTORS DELETE DELETE	2ed by the 6 13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 C 3.11 3.2 N 3.3 S 4.4 C 4.11 4.2 N 4.3 S	ITLE TREET ADDITE TITLE TAME TAME TAME TAME TAME TAME TAME TAM	ESS RESS	when reinstating)	DATE	ID DIREC* Chang Chang	ORS IN 12 Addition Addition
or registere familiar with SIGNATURE SIGNATURE STAFF ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	ignature: typed or prin ed name of registered agent OFFICERS AN D OLVEY, DOUGLAS A. 1300 SUZANNE WAY LONGWOOD FL D OLVEY, CORINNE ISRAEL 1300 SUZANNE WAY	end life if applicable. (N D DIRECTORS DELETE DELETE	2ed by the 6 13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 C 3.11 3.2 N 3.3 S 4.4 C 4.11 4.2 N 4.3 S	ITTLE IAME TITLE THEET ADDI TITLE THEET ADDI THE	ESS RESS	when reinstating)	DATE	ID DIREC* Chang Chang	ORS IN 12 Addition Addition Addition
Or registere familiar with SIGNATURE 12. TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ignature: typed or prin ed name of registered agent OFFICERS AN D OLVEY, DOUGLAS A. 1300 SUZANNE WAY LONGWOOD FL D OLVEY, CORINNE ISRAEL 1300 SUZANNE WAY	end life if applicable. N D DIRECTORS	2ed by the 6 13. 1.11 1.2 N 1.3 S 1.4 C 2.11 2.2 N 2.3 S 2.4 C 3.11 3.2 N 3.3 S 4.4 C 4.11 4.2 N 4.3 S 4.4 C	ITTLE IAME TREET ADDITIVE IAME ITTLE ITTLE ITTLE ITTLE ITTLE	ESS RESS	when reinstating)	DATE	ID DIREC Chang Chang Chang	ORS IN 12 Addition Addition Addition
Or registere familiar with SIGNATURE 12. TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME THEET ADDRESS CITY-ST-ZIP TITLE	ignature: typed or prin ed name of registered agent OFFICERS AN D OLVEY, DOUGLAS A. 1300 SUZANNE WAY LONGWOOD FL D OLVEY, CORINNE ISRAEL 1300 SUZANNE WAY	end life if applicable. N D DIRECTORS	2ed by the 6 13. 1.11 1.2N 1.3S 1.4C 2.11 2.2N 2.3S 2.4C 3.11 3.2N 3.3S 4.4C 5.11 5.2N	ITTLE IAME TREET ADDITIVE IAME ITTLE ITTLE ITTLE ITTLE ITTLE	ESS ESS RESS	when reinstating)	DATE	ID DIREC Chang Chang Chang	ORS IN 12 Addition Addition Addition
Or registere familiar with SIGNATURE 12. TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	ignature: typed or prin ed name of registered agent OFFICERS AN D OLVEY, DOUGLAS A. 1300 SUZANNE WAY LONGWOOD FL D OLVEY, CORINNE ISRAEL 1300 SUZANNE WAY	end life if applicable. N D DIRECTORS DELETE DELETE DELETE	2ed by the 6 13. 1.11 1.2N 1.3S 1.4C 2.11 2.2N 2.3S 2.4C 3.11 3.2N 3.3S 4.4C 5.1 5.2N 5.3S	I Agent sign ITLE IAME ITREET ADDI ITLE IAME ITREET ADDI ITLE IAME ITREET ADDI ITLE IAME ITTLE IAME	ESS ESS RESS	when reinstating)	DATE	D DIREC Chang Chang Chang Chang	ORS IN 12 Addition Addition Addition Addition
OF TEGISTERE FAMILIAR WITH SIGNATURE STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	ignature: typed or prin ed name of registered agent OFFICERS AN D OLVEY, DOUGLAS A. 1300 SUZANNE WAY LONGWOOD FL D OLVEY, CORINNE ISRAEL 1300 SUZANNE WAY	end life if applicable. N D DIRECTORS	2ed by the 6 13. 1.11 1.2N 1.3S 1.4C 2.11 2.2N 2.3S 2.4C 3.11 3.2N 4.3S 4.4C 5.1 5.2N 5.3S	I Agent sign ITLE IAME ITREET ADDI ITLE IAME ITREET ADDI ITLE IAME ITREET ADDI ITLE IAME ITREET ADDI ITLE IAME ITTEE ITTEE ITTEE ITTEE ITTEE	ESS ESS RESS	when reinstating)	DATE	ID DIREC Chang Chang Chang	ORS IN 12 Addition Addition Addition Addition
OF TEGISTERE FAMILIAR WITH SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ignature: typed or prin ed name of registered agent OFFICERS AN D OLVEY, DOUGLAS A. 1300 SUZANNE WAY LONGWOOD FL D OLVEY, CORINNE ISRAEL 1300 SUZANNE WAY	end life if applicable. N D DIRECTORS DELETE DELETE DELETE	2ed by the 6 13. 1.17 1.2N 1.3S 1.4C 2.17 2.2N 2.3S 2.4C 3.17 3.2N 4.3S 4.4C 5.17 5.2N 5.3S 5.4C 6.17	I Agent sign ITLE IAME TREET ADD ITLE IAME ITREET ADD ITLE IAME ITREET ADD ITLE IAME ITREET ADD ITLE IAME ITREET ADD ITLE IAME ITTLE IAME IAME IAME ITTLE IAME IAME IAME ITTLE IAME IAME IAME IAME IAME ITTLE IAME	ESS ESS RESS RESS	when reinstating)	DATE	D DIREC Chang Chang Chang Chang	ORS IN 12 Addition Addition Addition Addition
OF TEGISTERE FAMILIAR WITH SIGNATURE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ignature: typed or prin ed name of registered agent OFFICERS AN D OLVEY, DOUGLAS A. 1300 SUZANNE WAY LONGWOOD FL D OLVEY, CORINNE ISRAEL 1300 SUZANNE WAY	end life if applicable. N D DIRECTORS DELETE DELETE DELETE	2ed by the 6 s. OTE Registered 13. 1.11 1.2N 1.3S 1.4C 2.11 2.2N 2.3S 2.4C 3.11 3.2N 3.3S 3.4C 4.11 4.2N 4.3S 4.4C 5.1 6.2N 6.3S	I Agent sign ITLE IAME ITREET ADDI ITLE IAME ITREET ADDI ITLE IAME ITREET ADDI ITLE IAME ITREET ADDI ITLE IAME ITTEE ITTEE ITTEE ITTEE ITTEE	ESS ESS ESS ESS ESS ESS	when reinstating)	DATE	D DIREC Chang Chang Chang Chang	ORS IN 12 Addition Addition Addition Addition

SIGNATURE