

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000035678 (8)**

1. Corporation Name
PACKAGING SPECIALISTS, INC.



Principal Place of Business

**136 LAKE BREEZE CIRCLE
LAKE MARY FL 32746**

Mailing Address

**136 LAKE BREEZE CIRCLE
LAKE MARY FL 32746**

2. Principal Place of Business

2a. Mailing Address

21 **136 Lakebreeze Cir**
Suite, Apt. #, etc.

26 **136 LAKEBREEZE CIR**
Suite, Apt. #, etc.

22 City & State
Lake Mary, FL

27 City & State
LAKE MARY FL

23 Zip
32746

24 County
Seminole

28 Zip
32746

29 County
Seminole

9. Name and Address of Current Registered Agent

**LUBET, MARC L
136 LAKE BREEZE CIRCLE
LAKE MARY FL 32746**

3. Date Incorporated or Qualified

05/02/1995

3a. Date of Last Report

1st Report

4. Filing Number

59-3313649

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

10. Name and Address of New Registered Agent

81 Name
Susan Schiren
82 Street Address (P.O. Box Number is Not Acceptable)
136 Lakebreeze Cir
83
Lake Mary, FL 32746
84 City
Lake Mary **FL** 85 Zip Code
32746

11. Pursuant to the provisions of Sections 607.02(2) and 607.16(4), 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. Thereby a request the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE

Signature of the person who is acting as the registered agent

Signature of the person who is acting as the registered agent

607

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input checked="" type="checkbox"/> DELETE
	PVST LUBET, MARC	136 LAKE BREEZE CIRCLE	LAKE MARY FL 32746	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Susan Schiren	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Susan Schiren	
13 STREET ADDRESS	136 Lakebreeze Cir	
14 CITY-STATE-ZIP	Lake Mary, FL 32746	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Susan Schiren*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres
4/1/96
Date Filed

CP2E034 (12/95)