

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

FILED
Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # F95000004833 (8)

1. Corporation Name
EMERIK PROPERTIES CORP.



Principal Place of Business C/O KRASNE & MELLON, LPP 9440 SANTA MONICA BLVD SUITE 610 BEVERLY HILLS CA 90210 US	Mailing Address C/O KRASNE & MELLON 9440 SANTA MONICA BLVD SUITE 610 BEVERLY HILLS CA 90210-4610 US
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3. Date Incorporated or Qualified 10/06/1995	3a. Date of Last Report 03/29/1996
4. FEI Number 95-2836935	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite Apt. # etc 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29 30
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9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	C/O KRASNE & MELLON, LLP	
STREET ADDRESS	9440 SANTA MONICA BLVD SUITE 610	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	C/O KRASNE & MELLON, LLP	
STREET ADDRESS	9440 SANTA MONICA BLVD SUITE 610	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	C/O KRASNE & MELLON LLP	
STREET ADDRESS	9440 SANTA MONICA BLVD SUITE 610	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	C/O KRASNE & MELLON LLP	
STREET ADDRESS	9440 SANTA MONICA BLVD 610	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KOMSKY, H D	
STREET ADDRESS	#3 DEL AMO FASHION CENTER	
CITY-ST-ZIP	TORRANCE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, JAMES A	
STREET ADDRESS	#3 DEL AMO FASHION CENTER	
CITY-ST-ZIP	TORRANCE CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KRASNE, JAMES L.
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GLAZER, ERIKA J.
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MALMGREN, ARTHUR G.
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GLAZER, EMERSON U.
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ DATE: 1/9/97 DAYTIME PHONE: (910) 786-2150

CR2E034 (9/96)

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P062 909 702

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 626225 (7)
1. Corporation Name
WWF PAPER CORPORATION-FLORIDA



Principal Place of Business: **TWO BALA PLAZA BALA CYNWYD, PENNA 18004**
Mailing Address: **TWO BALA PLAZA BALA CYNWYD, PENNA 18004-1501**

3. Date Incorporated or Qualified: **07/01/1979**
3a. Date of Last Report: **02/01/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1919544	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGG, GLORIA E	1.2 NAME	
STREET ADDRESS	340 DUNDEE DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BLUE BELL PA	1.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURLONG, IRWIN T	2.2 NAME	
STREET ADDRESS	404 SUMMIT STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAMOYNE PA	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURLONG, MARIE R	3.2 NAME	
STREET ADDRESS	1209 HANDALE LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	GALDWYNE PA	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONOWITZ, SHELDON M	4.2 NAME	
STREET ADDRESS	1 LIBERTY PLACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PHILADELPHIA PA	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERGIO, GEORGE D	5.2 NAME	
STREET ADDRESS	515 FISHERS ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	BRYN MAWR PA	5.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, DONALD H	6.2 NAME	
STREET ADDRESS	21 PALMER LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	MEDIA PA	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, as changed, or on an agreement to change address.

SIGNATURE: _____ DATE: **01/10/97** DAYTIME PHONE: **(610) 667-9210**

CR2E034 (9/96)