

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **K30687** (3)

1. Corporation Name  
**AUTOMATED PAPER CONVERTERS, INC.**

Principal Place of Business Mailing Address  
**400 SOUTH DIXIE HWY  
P O BOX 22-2883  
HOLLYWOOD FL 33020-1914**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/08/1988** 3a. Date of Last Report **04/22/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0070114		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23		28		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FINK, STEPHEN W 400 S. DIXIE HWY HOLLYWOOD FL 33020</b>				81 Name			
				82 Street Address (P O. Box Number is Not Acceptable)			
				83			
				84 City			

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 re-registering.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	11 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINK, STEPHEN W</b>	12 NAME	
STREET ADDRESS	<b>400 S DIXIE HWY</b>	13 STREET ADDRESS	
CITY, ST, ZIP	<b>HOLLYWOOD FL</b>	14 CITY, ST, ZIP	
TITLE	<b>S</b>	21 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVY, HOWARD</b>	22 NAME	
STREET ADDRESS	<b>400 S. DIXIE HWY</b>	23 STREET ADDRESS	
CITY, ST, ZIP	<b>HOLLYWOOD FL</b>	24 CITY, ST, ZIP	
TITLE	<b>D</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINK, JUDY</b>	32 NAME	
STREET ADDRESS	<b>400 S. DIXIE HWY</b>	33 STREET ADDRESS	
CITY, ST, ZIP	<b>HOLLYWOOD FL</b>	34 CITY, ST, ZIP	
TITLE	<b>D</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVY, THERESA</b>	42 NAME	
STREET ADDRESS	<b>400 S DIXIE HWY</b>	43 STREET ADDRESS	
CITY, ST, ZIP	<b>HOLLYWOOD FL</b>	44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with 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 in an attachment with an address.

SIGNATURE: **Stephen W. Fink** 01/06/95 305-922-3886  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR