FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H61847** **(0)**

1. Corporation Name

FORTUNE PLASTICS OF FLORIDA, INC.

Principal Place of Business

% BERNARD C. O'NEILL, JR.
11580 RYLAND CT
ORLANDO FL 32824-7617
US

Mailing Address

11580 RYLAND COURT
ORLANDO FL 32824-7617
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 06/12/1985

3a. Date of Last Report: 04/04/1995

4. FEI Number: 58-1636129 — 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

9. Name and Address of Current Registered Agent

O'NEILL, BERNARD C., JR.
200 E. ROBINSON ST., SUITE 865
ORLANDO FL 32801

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 617.1508, 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 of Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	VPD	☐ DELETE
NAME	SCHUMPF, HENRY	
STREET ADDRESS	1605 BURCHETTE DR.	
CITY-ST-ZIP	LEBANON TN	
TITLE	DVP	☐ DELETE
NAME	LUND, HENRY	
STREET ADDRESS	325 CHESTNUT ST SUITE 90	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	PD	☐ DELETE
NAME	DUHIG, JOHN P.	
STREET ADDRESS	WILLIAMS LN. PO BOX 637	
CITY-ST-ZIP	OLD SAYBROOK CT	
TITLE	T	☐ DELETE
NAME	BILBREY, JAMES M	
STREET ADDRESS	1115 WESTON DR.	
CITY-ST-ZIP	MT. JULIET TN	
TITLE	DS	☐ DELETE
NAME	CROWE, VINCENT	
STREET ADDRESS	325 CHESTNUT ST., STE909	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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3-27-96

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)(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: James M. Bilbrey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-96
Date

615-444-4004
Daytime Phone #

JAMES M. BILBREY

CR2E034 (12/95)