FILED Apr 30, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 230785

1. Corporation Name

CORONE	et paper products, (	NC.				
Principal Place of Business 3200 N. W. 119TH STREET MIAMI FL 33167		Mailing Address 3200 N. W. 119TH STREET MIAMI FL 33167		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 12/04/1959		
2 Principal P	Place of Business	2a, Mailing Address	<del></del>	4. FEI Number	Applied F	For
21	lace of Edomoco	26		59-1009121	Not Appli	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Addition Fee Required	
City & Stat	te	City & State	<del></del>	6. Election Campaign Financing	\$5.00 May B	 3e
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country 25	Zip 29	Country 30	This corporation owes the current year     Personal Property Tax.	☐ Yes 🗷 No	)
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Register	red Agent	
VO0	COMMAN DAVID		81 Name			
	SSMAN, DAVID D N.W. 119 STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	MI FL 33167		83 .: 164			
,,,,,,			83	***************************************		
	•	. 9	84 City		S5 Zip Code	
11 Pursuant	to the provisions of Sections 607.	0502 and 607.1508. Florida Statu	ites, the above-named corr	posstion submits this statement for the nurnes	e of changing its registe	ered
office or r	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such change was	authorized by the corporati	ion's board of directors. I hereby accept the a	pointment as registere	∌d
SIGNATURE	Signature, typed or printed name of registered	event and title if applicable /NOT	E: Registered Agent signature require	ed when reinstating) DATE		
12.	<del></del>	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN	12
TITLE	PSD	☐ DELETE	1.1 TITLE			Addition
NAME	KOSSMAN, DAVID S.		1.2 NAME			
STREET ADDRESS	3200 N. W. 199TH STREET		1.3 STREET ADDRESS		•	
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE	,	☐ Change ☐ /	Addition
NAME	KOSSMAN, MURRAY J.		2.2 NAME			
STREET ADDRESS	3200 N. W. 119TH STREET		2.3 STREET ADDRESS	·		
CITY-ST-ZIP	MIAMI FL	<u> </u>	2.4 CITY-ST-ZIP			h 1 000
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ A	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Change /	Addition
TITLE		L] Deceie	4.1 TITLE		C; Onlarige C;	, radiaon
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change .	Addition
NAME			5.2 NAME			
STREET ADDRESS	<u>'</u>	•	5.3 STREET ADDRESS			
CITY-ST-ZIP	, .		5.4 CITY-ST-ZIP			
TITLE	<u> </u>	C DELETE	6.1 TITLE		☐ Change ☐ /	Addition
NAME		- <del></del>	6.2 NAME			
			6.3 STREET ADDRESS	•		

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 4

305-688-6601