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 # **243865** **(3)**

1. Corporation Name

FLORIDA PAPER PRODUCTS, INC.

Principal Place of Business

% CAROLE J. ADAMS
12950 GRIFFING BLVD
N. MIAMI FL 33161

Mailing Address

% CAROLE J. ADAMS
12950 GRIFFING BLVD
N. MIAMI FL 33161

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): **01/18/1961**

3a. Date of Last Report: **03/17/1995**

4. FEI Number: **59-0953615** [ ] 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 is liable for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

ADAMS,CAROLE J
12950 GRIFFING BLVD
NORTH MIAMI FL 33161

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 607.0505 and 607.0506, Florida Statutes, the above-named corporation files 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

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	ADAMS,CAROLE J	
STREET ADDRESS	12950 GRIFFING BLVD	
CITY-ST-ZIP	N MIAMI FL	
TITLE	D	[ ] DELETE
NAME	BOLGER,JAMES L	
STREET ADDRESS	12950 GRIFFING BLVD	
CITY-ST-ZIP	N MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	[ ] Change	[ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE	[ ] Change	[ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	[ ] Change	[ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE	[ ] Change	[ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	[ ] Change	[ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE	[ ] Change	[ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied on this report is accurate, and that I am duly authorized, and have the authority, to file this report as stated in Section 607.0120(9), Florida Statutes. I further certify that the information indicated on this report or supplemental attachment 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 or other fiduciary required to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changes or an attachment with an affiliation.

SIGNATURE: CAROLE J. ADAMS 3/26/96 305 893 7826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone
PRESIDENT

CR2E034 (12/95)