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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Jan 14 1997 8:00am

Secretary of State

941-394-08/9 0416753

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 467835

I am an officer or director of the corporation or the received or the appears in Block 12 or Block 13 if charged, or on an attachage

**SIGNATURE:** 

(5)

MIAMI PAPER COMPANY

| Principal Place of Business  1088 GAYER WAY MARCO ISLAND FL 33937- US |  | 1088 GAYER WAY                        | MARCO ISLAND FL 34145-6801 |                                       | 3. Date Incorporated or Qualified 3a. Date of Last Report 02/09/1996                                 |                  |                               |
|---|--|---------------------------------------|----------------------------|---------------------------------------|--|------------------|-------------------------------|
| 9 Principal D   | lace of Business   | 2a. Mailing Adoress                   |                            |                                       | 12/12/18/4<br>4. FEI Number  | 02/09/18         | ····                          |
| 2. Filincipal Fi  | ide6 o. Dazine22   | · · · - ŋ                             |                            |                                       | 59-1569929   | -                | Applied For<br>Not Applicable |
| Suite: Apt  | # rite   | Suite, Apt. #, etc.                   | Stute And # etc            |                                       | \$9.75 Addition  |                  |                               |
| 22  |  | 27                                    | 27                         |                                       | 5. Certificate of Status Desired   |                  | ee Required                   |
| City & State<br>23  |  | City & State                          | City & State               |                                       | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees                   |                  |                               |
| Zip Country Zip<br>4 34/45 25 29                                      |  | Zip                                   | Country<br>30              |                                       | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes   ☑ Yes □ No |                  |                               |
| .4 2777   | 9, Name and Address of Cui   |                                       | 30                         |                                       | 10. Name and Address of New R  |                  |                               |
| KADI  | LAN, ALAN G  |                                       | 81                         | Name                                  |  |                  |                               |
|   | GAYER WAY  |                                       | ļ                          |                                       |  |                  |                               |
|   | CO ISLAND FL 33937   |                                       | 82                         | Street Add                            | ress (P.O. Box Number is Not Accepta   | ble)             |                               |
|   |  |                                       | 84                         | Cit.                                  |  |                  | 7in Codo                      |
|   |  |                                       | 64                         | City                                  |  | FL 85            | Zip Code                      |
| office or reagent. I a SIGNATURE                                      | egistered agent, or both in the St<br>m familiar with, and accept the ob-<br>Semme light for more than all spidens | oligations of, Section 607 5505.      | Florida Statute            | S.                                    | tion's board of directors. I hereby accelling the reinstating.                                       | pt the appointme | ent as registered             |
| 12.   | · · · · · · · · · · · · · · · · · · ·  | AND DIRECTORS                         | 13.                        | · · · · · · · · · · · · · · · · · · · | ADDITIONS/CHANGES TO OFF   | CERS AND DIRE    | CTORS IN 12                   |
| TITLE   | PS   | ☐ DELETE                              | 1.1.TIT_E                  | ··· T                                 |  | c                | hange 🔲 Additio               |
| NAMÉ  | KAPLAN, ALAN G   |                                       | 1.2 NAME                   |                                       |  |                  |                               |
| STREET ADDRESS  | 1088 GAYER WAY   |                                       | 1.3 STREET                 | ADDRESS                               |  |                  |                               |
| CHTY - ST - ZIP   | MARCO ISLAND FL  |                                       | 1.4 C(TY - S               | 11 - ZIP                              |  |                  |                               |
| TITLE   | VP   | DELETE                                | 2.1 TIJ .E                 |                                       |  | □ C              | nange Addition                |
| NAME  | Kaplan, Saundra R.   |                                       | 2.2 NAME                   |                                       |  |                  |                               |
| STREET ADDRESS  | 1088 GAYER WAY   |                                       | 2.3 STREET                 | ADDRESS                               |  |                  |                               |
| CITY -ST - Z-P  | MARCO ISLAND FL  |                                       | 2 4 Cl Y-                  | ST-ZIP                                |  |                  |                               |
| TILE  |  | DELFTE                                | 3 1 TITLE                  |                                       |  | c                | hange Addition                |
| NAME  |  |                                       | 3.2 NAME                   |                                       |  |                  |                               |
| STREET ADDRESS  |  |                                       | 3.3 STFEET                 | ADDRESS                               |  |                  |                               |
| CITY-S1-ZIP   |  |                                       | 3.4 CHY-                   | ST-ZIP                                |  |                  |                               |
| TITLE   |  | ☐ DELETE                              | 4.1 TITLE                  |                                       |  | c                | hange 🔲 Additio               |
| NAME  |  |                                       | 4. 2 NAME                  |                                       |  |                  |                               |
| STREET ADDRESS  |  |                                       | 4.3 STFEE                  | ADDRESS                               |  |                  |                               |
| CITY-ST-ZIP   |  |                                       | 4.4 CITY-5                 | ST-ZIP                                | ······   |                  |                               |
| TITLE   |  | ☐ DELETE                              | 5.1 TiTLE                  |                                       |  | □ c              | hange L Additio               |
| NAME  |  |                                       | 5.2 NAME                   | -                                     |  |                  |                               |
| STREET ADDRESS  |  |                                       | 53STFEE                    | ADDRESS                               |  |                  |                               |
| CITY-ST-ZIP   |  |                                       | 5.4 CITY - 5               | ST - ZIP                              |  |                  |                               |
| TITLE   |  | ☐ DELETE                              | 6 1 TITLE                  |                                       |  | □ c              | hange ∟, Additio              |
| NAME  |  |                                       | 62 NAME                    | Į                                     |  |                  |                               |
| STREET ADDRESS  |  |                                       | 63 STREE                   | ADDRESS                               | ,  |                  |                               |
| DITY - ST- ZiP  |  | · · · · · · · · · · · · · · · · · · · | 6.4 CITY - 5               | <del></del>                           |  |                  |                               |
|   | by certify that the information sup-   |                                       |                            |                                       |  |                  |                               |