

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 488971 (3)  
1. Corporation Name  
**FLORIFOAM, INC.**



Principal Place of Business: 7485 N.W. 79TH ST MEDLEY FL 33166  
Mailing Address: 7485 N.W. 79TH ST MEDLEY FL 33166

3. Date Incorporated or Qualified: 11/05/1975  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-1630094  
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

2. Principal Place of Business: 21 3200 NW 110 St. Suite, Apt. #, etc. 22  
City & State: 23 Miami, Florida  
Zip: 24 33166 Country: 25 USA  
2a. Mailing Address: 26 Same  
Suite, Apt. #, etc. 27  
City & State: 28  
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
CASTRONOVO, JOSEPH A JR.  
7485 NW 79TH ST  
MEDLEY FL 33166

10. Name and Address of New Registered Agent  
81 Name: JOSEPH A. CASTRONOVO  
82 Street Address (P.O. Box Number is Not Acceptable): 3200 NW 110 St.  
83  
84 City: MIAMI FL 85 Zip Code: 33167

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: [Signature] DATE: 4/23/96

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	CASTRONOVO, JOSEPH A SR.	
STREET ADDRESS	3600 MYSTIC PT. DR. #LPH-13	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CASTERONOVO, JOSEPH A	
STREET ADDRESS	6549 ALERCROMBLE CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRELAND, BILLY H	
STREET ADDRESS	1205 FRANCIS SQ.	
CITY-ST-ZIP	TUPELO MS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CASTRONOVO, Joseph A, JR.
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CASTRONOVO, Joseph A, III
2.3 STREET ADDRESS	5938 PITCH PINE DR.
2.4 CITY-ST-ZIP	ORLANDO, FL 32819
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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: [Signature] DATE: 4/23/96 (305) 687-1444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)