
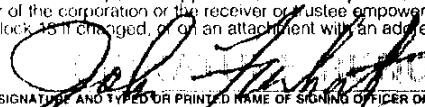


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 525739 (9)					
1. Corporation Name PIONEER PAPER & PLASTICS, INC.					
Principal Place of Business 5201 KINGS RD. P.O. BOX 37248 JACKSONVILLE FL 32205			Mailing Address 5201 KINGS RD. P.O. BOX 37248 JACKSONVILLE FL 32236-7248		
2. Principal Place of Business 21 1030 N Ellis Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Drawer 37248 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/11/1977	
22		27		3a. Date of Last Report 03/22/1996	
23 Jacksonville FL City & State		28 Jacksonville FL City & State		4. FEI Number 59-1723644	
24 32254 Zip		29 32236 Zip		Applied For Not Applicable	
25 Duval Country		30 Duval Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent AGUILAR, ROBERT 1329 KINGSLEY AVE., STE. A ORANGE PARK FL 32073				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. Name and Address of New Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83					
84 City					
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	FARAH, FREDDY E.				
STREET ADDRESS	9419 WEXFORD ROAD				
CITY- ST- ZIP	JACKSONVILLE FL				
TITLE	STD	<input type="checkbox"/> DELETE			
NAME	FARHAT, EDWARD J.(HRMAN				
STREET ADDRESS	3529 BEAUCLERC WOOD LANE				
CITY- ST- ZIP	JACKSONVILLE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HOLBROOK, LEON H.				
STREET ADDRESS	SUITE 2301, INDEPENT SQ				
CITY- ST- ZIP	JACKSONVILLE FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	FARHAT, JOHN G.				
STREET ADDRESS	3050 JULINGTON CK ROAD				
CITY- ST- ZIP	JACKSONVILLE FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	FARAH, OMAR J.				
STREET ADDRESS	1946 OAKMONT DRIVE				
CITY- ST- ZIP	JACKSONVILLE FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY- ST- ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY- ST- ZIP					
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 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:  3-27-97 904-786-4485					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR05034 (9/96)