

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

FILED

**Feb 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 850712 (1)

1. Corporation Name
SWEETHEART CUP COMPANY INC.



Principal Place of Business 10100 REISTERSTOWN RD OWINGS MILLS MD 21117 US	Mailing Address 10100 REISTERSTOWN RD OWINGS MILLS MD 21117 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 10100 REISTERSTOWN RD
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 10/15/1981	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 34-1342568	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
STE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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	VP	<input type="checkbox"/> DELETE
NAME	BUSSE, CHARLES E.	
STREET ADDRESS	10100 REISTERSTOWN RD	
CITY-ST-ZIP	OWINGS MILLS MD	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, WILLIAM F.	
STREET ADDRESS	10100 REISTERSTOWN RD	
CITY-ST-ZIP	OWINGS MILLS MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARSON, DANIEL M.	
STREET ADDRESS	10100 REISTERSTOWN RD	
CITY-ST-ZIP	OWINGS MILLS MD	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LINDAHL, ROGER A.	
STREET ADDRESS	10100 REISTERSTOWN RD	
CITY-ST-ZIP	OWINGS MILLS MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BINGHAM, W. RICHARD	
STREET ADDRESS	10100 REISTERSTOWN RD	
CITY-ST-ZIP	OWINGS MILLS MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTS, THEODORE R.	
STREET ADDRESS	10100 REISTERSTOWN ROAD	
CITY-ST-ZIP	OWINGS MILLS MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(j), 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 _____

CR2E034 (10/97)