

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **856482** (5)

1. Corporation Name
ANCHOR GLASS CONTAINER CORPORATION



Principal Place of Business: **ONE ANCHOR PLACE 4343 ANCHOR PLAZA PKWY TAMPA FL 33634-4513**
Mailing Address: **ONE ANCHOR PLACE 4343 ANCHOR PLAZA PKWY TAMPA FL 33634-4513**

3. Date Incorporated or Qualified: **05/18/1983**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **22-2452609**
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 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0502 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1101 TITLE	D	<input type="checkbox"/> DELETE
1102 NAME	BOROWSKY, KURT T.	
1103 STREET ADDRESS	330 SOUTH ST.	
1104 CITY - ST - ZIP	MORRISTOWN NJ	
1105 TITLE	PD	<input type="checkbox"/> DELETE
1106 NAME	MALONE, JAMES R.	
1107 STREET ADDRESS	4343 ANCHOR PLAZA PARKWAY	
1108 CITY - ST - ZIP	TAMPA FL	
1109 TITLE	V	<input type="checkbox"/> DELETE
1110 NAME	KIRK, MARK	
1111 STREET ADDRESS	4343 ANCHOR PLAZA PARKWAY	
1112 CITY - ST - ZIP	TAMPA FL	
1113 TITLE	VD	<input type="checkbox"/> DELETE
1114 NAME	SMITH, JAMES H.	
1115 STREET ADDRESS	4343 ANCHOR PLAZA PKWY	
1116 CITY - ST - ZIP	TAMPA FL	
1117 TITLE	VS	<input type="checkbox"/> DELETE
1118 NAME	YOUNG, CARL	
1119 STREET ADDRESS	4343 ANCHOR PLAZA PARKWAY	
1120 CITY - ST - ZIP	TAMPA FL	
1121 TITLE	T	<input type="checkbox"/> DELETE
1122 NAME	TENNYSON, JEFFREY G.	
1123 STREET ADDRESS	4343 ANCHOR PLAZA PARKWAY	
1124 CITY - ST - ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1201 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1202 NAME	
1203 STREET ADDRESS	
1204 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1205 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1206 NAME	
1207 STREET ADDRESS	
1208 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1209 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1210 NAME	
1211 STREET ADDRESS	
1212 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1213 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1214 NAME	
1215 STREET ADDRESS	
1216 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1217 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1218 NAME	
1219 STREET ADDRESS	
1220 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or in an attachment with an address.

SIGNATURE: **Jeffrey G. Tenyson** 1/31/96 (413) 884-0000
DATE: _____ DAYTIME PHONE: _____

CR2E034 (12/95)