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**May 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33634-7537
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3. Date Incorporated or Qualified 05/18/1983	3a. Date of Last Report 02/06/1996
4. FEI Number 22-2452609	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2701 N. Rocky Point Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 2701 N. Rocky Point Dr. Suite, Apt. #, etc.
22 Suite 1120 City & State	27 1120 City & State
23 Tampa, FL Zip	28 Tampa, FL Zip
24 33607 Country USA	29 33607 Country USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when replacing)

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BOROWSKY, KURT T.
STREET ADDRESS	330 SOUTH ST.
CITY-ST-ZIP	MORRISTOWN NJ
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MALONE, JAMES R.
STREET ADDRESS	4343 ANCHOR PLAZA PARKWAY
CITY-ST-ZIP	TAMPA FL
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	KIRK, MARK
STREET ADDRESS	4343 ANCHOR PLAZA PARKWAY
CITY-ST-ZIP	TAMPA FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	SMITH, JAMES H.
STREET ADDRESS	4343 ANCHOR PLAZA PKWY
CITY-ST-ZIP	TAMPA FL
TITLE	VS <input checked="" type="checkbox"/> DELETE
NAME	YOUNG, CARL
STREET ADDRESS	4343 ANCHOR PLAZA PARKWAY
CITY-ST-ZIP	TAMPA FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	TENNYSON, JEFFREY G.
STREET ADDRESS	4343 ANCHOR PLAZA PARKWAY
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert M. McGrew
1.3 STREET ADDRESS	2701 N. Rocky Point Dr. Ste. 1120
1.4 CITY-ST-ZIP	Tampa, FL 33607
2.1 TITLE	CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mark Stickel
2.3 STREET ADDRESS	2701 N. Rocky Point Dr. Ste. 1120
2.4 CITY-ST-ZIP	Tampa, FL 33607
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 _____ DATE _____

CR2E034 (9/96)