

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP . .
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB -3 PM 12:28



1. Name of Limited Partnership

1a. DOCUMENT #
B96000000154

BOX USA OF FLORIDA, LIMITED PARTNERSHIP

Mailing Address

C/O FOUR M CORPORATION
115 STEVENS AVENUE
VALHALLA NY 10595

Principal Office Address

999 PEACHTREE STREET, SUITE 2300
ATLANTA GA 30309

3. Date Formed or Registered

05/08/1996

5a. Capital Contributions as Shown on record.

5a. **200,000**
filed 2-3-97

3a. Date of Last Report

N/A

5b. Amount of Capital Contributions in FLORIDA to date:

\$ 200,000

4. State or Country of Formation

GA

6. FEI Number

13-3882401

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

FOUR M MANUFACTURING GROUP O

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

115 STEVENS AVENUE

11b. City, State & Zip Code

VALHALLA NY 10595

11c. Registration/Document Number

F96000002335

600002082006--8
-02/10/97-01010--005
*****585.00 ***585.00**
2-6

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Mary Duplaff

DATE

12/23/96

Typed or Printed Name of General Partner Signing Form

Mary Duplaff

Daytime Telephone Number

(914) 749-3200

CR2E003 (6/96)