

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000005360 (3)**

1. Corporation Name  
**THE FONDA GROUP, INC.**



Principal Place of Business Mailing Address  
**15-21 LOWER NEWTON ST.  
ST. ALBANS VT 05478**

3. Date Incorporated or Qualified **11/24/1993** 3a. Date of Last Report **03/02/1995**  
4. FEI Number **13-3220732** Applied For  Not Applicable   
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 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1501, 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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1. TITLE	<b>P.</b>
NAME	<b>FREER, KENNETH</b>	12. NAME	<b>THOMAS ULEAU</b>
STREET ADDRESS	<b>15-21 LOWER NEWTON ST.</b>	13. STREET ADDRESS	<b>115 STEVENS AVE.</b>
CITY-ST-ZIP	<b>ST. ALBANS VT 05478</b>	14. CITY-ST-ZIP	<b>VALHALLA, NY 10595</b>
TITLE	<b>V</b>	2. TITLE	
NAME	<b>MANSKE, DONALD A.</b>	22. NAME	<b>NONE</b>
STREET ADDRESS	<b>15-21 LOWER NEWTON ST.</b>	23. STREET ADDRESS	
CITY-ST-ZIP	<b>ST. ALBANS VT</b>	24. CITY-ST-ZIP	
TITLE	<b>S</b>	3. TITLE	<b>S/T</b>
NAME	<b>LALLY, ELIZABETH</b>	32. NAME	<b>Harvey Friedman</b>
STREET ADDRESS	<b>115 STEVENS AVE.</b>	33. STREET ADDRESS	<b>115 STEVENS AVE.</b>
CITY-ST-ZIP	<b>VALHALLA NY 10595</b>	34. CITY-ST-ZIP	<b>VALHALLA, NY 10595</b>
TITLE	<b>T</b>	4. TITLE	
NAME	<b>ULEAU, THOMAS</b>	42. NAME	
STREET ADDRESS	<b>115 STEVENS AVE.</b>	43. STREET ADDRESS	
CITY-ST-ZIP	<b>VALHALLA NY 10595</b>	44. CITY-ST-ZIP	
TITLE	<b>C</b>	5. TITLE	
NAME	<b>MEHIEL, DENNIS</b>	52. NAME	
STREET ADDRESS	<b>115 STEVENS AVE.</b>	53. STREET ADDRESS	
CITY-ST-ZIP	<b>VALHALLA NY</b>	54. CITY-ST-ZIP	
TITLE	<b>D</b>	6. TITLE	
NAME	<b>BISHOP, LAWRENCE A</b>	62. NAME	
STREET ADDRESS	<b>115 STEVENS AVE.</b>	63. STREET ADDRESS	
CITY-ST-ZIP	<b>VALHALLA NY 10595</b>	64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with the filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report, unchanged, or on an addition thereto with an address.

SIGNATURE: *Thomas Uleau, CEO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/96