

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

**FILED**  
**Apr 30 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000005360 (3)**  
 1. Corporation Name  
**THE FONDA GROUP, INC.**



Principal Place of Business <b>15-21 LOWER NEWTON ST. ST. ALBANS VT 05478</b>	Mailing Address <b>15-21 LOWER NEWTON ST. ST. ALBANS VT 05478-1900</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25 Country 30
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3. Date Incorporated or Qualified <b>11/24/1993</b>	3a. Date of Last Report <b>06/20/1996</b>
4. FEI Number <b>13-3220732</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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  
 85 Zip Code  
**FL**

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 w/ or w/o retaining) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ULEAU, THOMAS</b> <b>115 STEVENS AVENUE</b> <b>VALHALLA NY</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MANSKE, DONALD A.</b> <b>15-21 LOWER NEWTON ST.</b> <b>ST. ALBANS VT</b>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>FRIEDMAN, HARVEY</b> <b>115 STEVENS AVENUE</b> <b>VALHALLA NY</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ULEAU, THOMAS</b> <b>115 STEVENS AVE.</b> <b>VALHALLA NY 10595</b>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>MEHIEL, DENNIS</b> <b>115 STEVENS AVE.</b> <b>VALHALLA NY</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BISHOP, LAWRENCE A</b> <b>115 STEVENS AVE.</b> <b>VALHALLA NY 10595</b>	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P/COO/D</b> <b>Uleau, Thomas</b> <b>115 Stevens Avenue</b> <b>Valhalla, NY 10595</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>V</b> <b>Hastings, Michael</b> <b>21 Lower Newton Street</b> <b>St. Albans, VT 05478</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>S</b> <b>Friedman, Harvey</b> <b>115 Stevens Avenue</b> <b>Valhalla, NY 10595</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>T/CFO</b> <b>Heinsen, Hans</b> <b>115 Stevens Avenue</b> <b>Valhalla, NY 10595</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>C/CEO</b> <b>Mehiel, Dennis</b> <b>115 Stevens Avenue</b> <b>Valhalla, NY 10595</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>V</b> <b>Korzenski, Robert</b> <b>2920 N. Main Street</b> <b>Oshkosh, WI 54901</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *Michael Hastings* (Michael Hastings) 4/23/97 (802) 534-5066

CR2E034 (9/96)