

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005360 (3)
 1. Corporation Name
THE FONDA GROUP, INC.



Principal Place of Business 15-21 LOWER NEWTON ST. ST. ALBANS VT 05478	Mailing Address 15-21 LOWER NEWTON ST. ST. ALBANS VT 05478
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/24/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3220732	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 187TH STREET SUITE 300 NORTH MIAMI BEACH FL 33162				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 _____
Signature: typed or printed name of registered agent and title if applicable (N011: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCOD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULEAU, THOMAS	1.2 NAME	
STREET ADDRESS	115 STEVENS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALHALLA NY	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASTINGS, MICHAEL	2.2 NAME	
STREET ADDRESS	21 LOWER NEWTON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST ALBANS VT	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, HARVEY	3.2 NAME	
STREET ADDRESS	115 STEVENS AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALHALLA NY	3.4 CITY-ST-ZIP	
TITLE	TCFO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEINSEN, HANS	4.2 NAME	
STREET ADDRESS	115 STEVENS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VALHALLA NY	4.4 CITY-ST-ZIP	
TITLE	CCEO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHIEL, DENNIS	5.2 NAME	
STREET ADDRESS	115 STEVENS AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	VALHALLA NY	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORZENSKI, ROBERT	6.2 NAME	
STREET ADDRESS	2920 N MAIN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	OSHKOSH WI	6.4 CITY-ST-ZIP	

14. I 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: *Hans Heinsen* 4/3/98 914-344-7271

CR2E034 (10/97)