

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 04, 1999 8:00 am**  
**Secretary of State**  
 08-04-1999 90011 028 \*\*\*550.00

113013

PROFIT CORPORATION ANNUAL REPORT **1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F93000005360**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/24/1993**

2. Principal Place of Business

21	<b>2920 N. MAIN ST</b>	2a. Mailing Address	<b>2920 N. MAIN ST</b>
22	Suite Apt. # or	27	Suite, Apt. #, etc. <b>PO Box 2038</b>
23	City & State <b>OSH KOSH WI</b>	28	City & State <b>OSH KOSH WI</b>
24	Zip <b>54901</b>	29	Zip <b>54903</b>
25	Country	30	Country

4. FEI Number  
**13-3220732**

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 owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**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 when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PCOD</b>	<input type="checkbox"/> DELETE
NAME	<b>ULEAU, THOMAS</b>	
STREET ADDRESS	<b>115 STEVENS AVENUE</b>	
CITY-ST-ZIP	<b>VALHALLA NY</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HASTINGS, MICHAEL</b>	
STREET ADDRESS	<b>21 LOWER NEWTON ST</b>	
CITY-ST-ZIP	<b>ST ALBANS VT</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FRIEDMAN, HARVEY</b>	
STREET ADDRESS	<b>115 STEVENS AVENUE</b>	
CITY-ST-ZIP	<b>VALHALLA NY</b>	
TITLE	<b>TCFO</b>	<input type="checkbox"/> DELETE
NAME	<b>HEINSEN, HANS</b>	
STREET ADDRESS	<b>115 STEVENS AVE</b>	
CITY-ST-ZIP	<b>VALHALLA NY</b>	
TITLE	<b>CCEO</b>	<input type="checkbox"/> DELETE
NAME	<b>MEHIEL, DENNIS</b>	
STREET ADDRESS	<b>115 STEVENS AVE.</b>	
CITY-ST-ZIP	<b>VALHALLA NY</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>KORZENSKI, ROBERT</b>	
STREET ADDRESS	<b>2920 N MAIN ST</b>	
CITY-ST-ZIP	<b>OSHKOSH WI</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>10100 REISTERTOWN Rd</b>
1.4 CITY-ST-ZIP	<b>OWINGS MILLS, MD</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>373 PARK AVE SOUTH</b>
4.4 CITY-ST-ZIP	<b>N.Y. N.Y. 10016</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>373 PARK AVE. SOUTH</b>
5.4 CITY-ST-ZIP	<b>NY, NY 10016</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>PRESIDENT</b>
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 \_\_\_\_\_ DATE **7-29-99**

CR2E034 (5/99)