

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000003801 (6)**

1. Corporation Name

FLORIDA SUBSTRATE INC.



Principal Place of Business 711 INDUSTRIAL BOULEVARD VALDOSTA GA 31601	Mailing Address 711 INDUSTRIAL BOULEVARD VALDOSTA GA 31601
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/07/1995	3a. Date of Last Report NONE
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 58-2190551 APPLIED FOR		Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3.	
		B4. City	B5. 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

Signature typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when re-registering)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WESTFALL, FRANK	1.2 NAME	
STREET ADDRESS	711 INDUSTRIAL BOULEVARD	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALDOSTA GA 31601	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	
NAME	DUWAERTS, ALAIN	2.2 NAME	
STREET ADDRESS	711 INDUSTRIAL BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALDOSTA GA 31601	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	PUTOIS, FRANCOIS	3.2 NAME	
STREET ADDRESS	33, RUE EMERIAU/ 75725 PARIS CEDEX 15	3.3 STREET ADDRESS	
CITY-ST-ZIP	FRANCE	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SOULIE, PHILIPPE	4.2 NAME	
STREET ADDRESS	33, RUE EMERIAU/ 75725 PARIS CEDEX 15	4.3 STREET ADDRESS	
CITY-ST-ZIP	FRANCE	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/96 (912) 2452331

CR2E034 (3/96)