

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G37857** (1)

1. Corporation Name
THE PAPER WHOLESALER, INC.



Principal Place of Business: 17800 NORTH STATE ROAD 9 DRIVE MIAMI FL 33162 US
Mailing Address: 17800 N SR 9 DRIVE MIAMI FL 33162 US

3. Date Incorporated or Qualified: **05/09/1983**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-2305351**
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: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

GRANOFF, ROBERT
17800 NORTH STATE ROAD 9 DRIVE
MIAMI FL 33150

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 607.0502 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

Date: Registered Agent Signature required when appointing

DATE: _____

OFFICERS AND DIRECTORS

DELETE

TITLE	CD
NAME	GRANOFF, ROBERT
STREET ADDRESS	17800 NORTH STATE ROAD 9 DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	PD
NAME	ROBINS, JANYCE
STREET ADDRESS	17800 N STATE ROAD 9 DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	VTDS
NAME	RACHLIN, NORMAN S.
STREET ADDRESS	17800 NORTH STATE ROAD 9 DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	V
NAME	TEED, WILLIAM
STREET ADDRESS	17800 NORTH STATE ROAD 9 DRIVE
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norman S. Rachlin* SECRET. **Norman S. RACHLIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/23/96**
Registered Agent Telephone: **(805) 651-6900**

CR2E034 (12/95)