
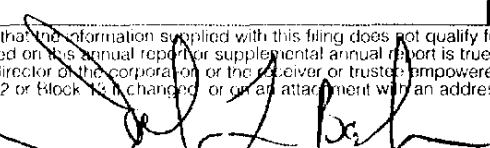


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 14 1997 8:00am  
Secretary of State



<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # H51144 (4)</b>					
1. Corporation Name <b>TECH-PAPER CORP.</b>					
Principal Place of Business <b>TECH PAPER P. O. BOX 6295 FT. LAUDERDALE FL 33310-6295 US</b>			Mailing Address <b>TECH PAPER P. O. BOX 6295 FT. LAUDERDALE FL 33310-6295 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/08/1985</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report <b>03/12/1996</b>	
22 City & State		27 City & State		4. FEI Number <b>59-2594688</b>	
23 Zip		28 Zip		Applied For <input type="checkbox"/> Not Applicable	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b>BARKIN, JOEL L. 2710 N W 105 LANE SUNRISE FL 33322</b>		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City			
		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 _____ DATE _____ <small>Signature of principal officer, director, or registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-stating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	BARKIN, J.L.				
STREET ADDRESS	2710 N.W. 105TH LANE				
CITY-ST-ZIP	SUNRISE FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP					
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, unchanged, or on an attachment with an address.					
SIGNATURE:  1/6/97 954-572-5701					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)