

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H61847 (0)**

1. Corporation Name
FORTUNE PLASTICS OF FLORIDA, INC.



Principal Place of Business: **% BERNARD C. O'NEILL, JR. 11580 RYLAND CT ORLANDO FL 32824-7617 US**
Mailing Address: **11580 RYLAND COURT ORLANDO FL 32824-7617 US**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified: **06/12/1985**
3a. Date of Last Report: **04/04/1995**
4. FEI Number: **58-1636129**
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. 190.032 Florida Statutes: Yes No
10. Name and Address of New Registered Agent

g. Name and Address of Current Registered Agent

**O'NEILL, BERNARD C., JR.
200 E. ROBINSON ST., SUITE 865
ORLANDO FL 32801**

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 607.0507 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE

Signature of the registered agent or the officer or director

With the FEI Number

Date

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCHUMPF, HENRY	
STREET ADDRESS	1605 BURCHETTE DR.	
CITY-STATE-ZIP	LEBANON TN	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LUND, HENRY	
STREET ADDRESS	325 CHESTNUT ST SUITE 90	
CITY-STATE-ZIP	PHILADELPHIA PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUHIG, JOHN P.	
STREET ADDRESS	WILLIAMS LN. PO BOX 637	
CITY-STATE-ZIP	OLD SAYBROOK CT	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BILBREY, JAMES M	
STREET ADDRESS	1115 WESTON DR.	
CITY-STATE-ZIP	MT. JULIET TN	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CROWE, VINCENT	
STREET ADDRESS	325 CHESTNUT ST., STE909	
CITY-STATE-ZIP	PHILADELPHIA PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

**400001760474
-03/28/96--01023--017
***200.00**

ASB
3-27-96

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)(c), 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: *James M. Bilbrey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES M. BILBREY

3-21-96
DATE
615-444-4004
PHONE NUMBER

CR2E034 (12/95)