

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

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H61847 (0)
 1. Corporation Name
FORTUNE PLASTICS OF FLORIDA, INC.



Principal Place of Business % BERNARD C. O'NEILL, JR. 11500 RYLAND CT ORLANDO FL 32824-7617 US	Mailing Address 11500 RYLAND COURT ORLANDO FL 32824-7617 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 06/12/1985	3a. Date of Last Report 03/27/1996
4. FEI Number 58-1636129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCHUMPF, HENRY	
STREET ADDRESS	1605 BURCHETTE DR.	
CITY-ST-ZIP	LEBANON TN	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LUND, HENRY	
STREET ADDRESS	325 CHESTNUT ST SUITE 90	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUHIG, JOHN P	
STREET ADDRESS	WILLIAMS LN. PO BOX 637	
CITY-ST-ZIP	OLD SAYBROOK CT	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BRILBEY, JAMES M	
STREET ADDRESS	1115 WESTON DR.	
CITY-ST-ZIP	MT. JULIET TN	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CROWE, VINCENT	
STREET ADDRESS	325 CHESTNUT ST., STE909	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input 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	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PAUL HOGAN	
5.3 STREET ADDRESS	325 CHESTNUT ST.	
5.4 CITY-ST-ZIP	PHILADELPHIA, PA	
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 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: **JAMES M. BRILBEY** *[Signature]* **3/26/97** **615-444-4004**

CR2E034 (9/96)