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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # J87819

(5)

WESTRICK PAPER COMPANY

FILED
May 23 1997 8:00am
Secretary of State

'rincipal Place of Business /O FERN I. TELMOSSE 314 MERCURY RD. ACKSONVILLE FL 32207	Mailing Address C/O FERN I. TELMOSSE 2814 MERCURY RD. JACKSONVILLE FL 32207						
S	US	•••	· · · · · · · · · · · · · · · · · · ·		ite of Last R 15/1996	e of Last Report 5/1996	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	1 3.1		plied For
	26			59-2831823			t Applicable
- Suite Apt # etc. ∃	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	27 City & State			C Cleation Compaign Cinepales		\$5.00	
3	28			6. Election Campaign Financing Trust Fund Contribution	, D	Added 1	
Ztp Country	Zip	Countr	ry	8. This corporation has liability f	or intangible		
25	29	30		Florida Statutes	Yes [	No	
9. Name and Address of Cu	rrent Registered Agent	81	1 Name	10. Name and Address of New	Registered	Agent	
BACHARA, HENRY G JR. 50 NORTH LAURA ST., STE. 220 JACKSONVILLE FL 32201	0	8:	2 Street Add	ress (P.O. Box Number is Not Accep	itable)		
		84	4 City			85 Zip (	Code
		İ	1 - 7		FL	.	
SIGNATURE				poration submits this statement for th tion's board of directors. I hereby ac			
SIGNATURE    Construction   Construc			gent signature requi	ited whon reinstalling)  ADDITIONS/CHANGES TO OF	DATE		
2. OFFICERS  PD  TELMOSSE, FERNAND I.  1861 ADDRESS 1601 OCEAN DR.	ed agent and title If applicable. (N S AND DIRECTORS	OTE: Registered A,  13.  1.1 TITLE  1.2 NAME	gent signature requi	ired when reinstalling)	DATE	DIRECTOR	IS IN 12
SIGNATURE  12. OFFICERS  III' PD  TELMOSSE, FERNAND I.  1801 SEZIP ADDRESS JACKSONVILLE FL	od agert and title if applicable. (N S AND DIRECTORS DELETE	OTE: Registered A,  13.  1.1 TITLE  1.2 NAME	goni signature requi	ired when reinstalling)	DATE	DIRECTOR Change	IS IN 12
SIGNATURE    Extra control of the property of	od agent and title If applicable. (N S AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE	gent signature requi	ired when reinstalling)	DATE	DIRECTOR	IS IN 12
SIGNATURE  12. OFFICERS  IIII PD  TELMOSSE, FERNAND I.  1601 OCEAN DR.  JACKSONVILLE FL  VPD  TELMOSSE, CHRISTIAN F.	od agert and title if applicable. (N S AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	gent signature requi	ired when reinstalling)	DATE	DIRECTOR Change	IS IN 12
2. OFFICERS IN PD  TELMOSSE, FERNAND I. 1801 OCEAN DR. JACKSONVILLE FL VPD  TELMOSSE, CHRISTIAN F. 3292 LAUREL GROVE DR S	od agert and title if applicable. (N S AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	gent signature requi	ired when reinstalling)	DATE	DIRECTOR Change	IS IN 12
IZ. OFFICERS  IN PD  TELMOSSE, FERNAND I.  1861 OCEAN DR.  JACKSONVILLE FL  VPD  TELMOSSE, CHRISTIAN F.  3292 LAUREL GROVE DR S  JACKSONVILLE FL	od agert and title if applicable. (N S AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	gent signature requi	ired when reinstalling)	DATE	DIRECTOR Change	IS IN 12 Addition
SIGNATURE  12. OFFICERS  III. PD  TELMOSSE, FERNAND I.  1601 OCEAN DR.  JACKSONVILLE FL  VPD  TELMOSSE, CHRISTIAN F.  3292 LAUREL GROVE DR S  JACKSONVILLE FL  STD	ud agert and title if applicable. (N S AND DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY	gent signature requi	ired when reinstalling)	DATE	D DIRECTOR LI Change	IS IN 12 Addition Addition
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PD TELMOSSE, FERNAND I. 1861 ADDRESS AVE ST-ZIP JACKSONVILLE FL AME TELMOSSE, CHRISTIAN F. 3292 LAUREL GROVE DR S JACKSONVILLE FL STD TRUAX, FRANCE T. 1243 WILLOW OAKS DRIVE	od agert and title if applicable. (N S AND DIRECTORS  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME	gont signature requi	ired when reinstalling)	DATE	D DIRECTOR LI Change	IS IN 12 Addition
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recommence commences that the information supplied with this thing 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 have 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:

IGE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR