


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

FILED

Apr 24 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 # **L25023** (7)  
1. Corporation Name  
**ATLANTIS MOLDED PLASTICS, INC.**

Principal Place of Business  
**2665 S. BAYSHORE DRIVE  
SUITE 800  
MIAMI FL 33133-5401**

Mailing Address  
**2665 S. BAYSHORE DRIVE  
SUITE 800  
MIAMI FL 33133-5448**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/23/1989</b>	3a. Date of Last Report <b>04/12/1996</b>
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>65-0150616</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. g. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**KLEIN, PETER W.  
2665 SOUTH BAYSHORE DRIVE  
SUITE 800  
MIAMI FL 33133-5401**

81. Name	10. Name and Address of New Registered Agent
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

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D POWELL, EARL W.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2665 S. BAYSHORE DR. SUITE 800	1.2 NAME	SEE ATTACHMENT
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	AS KUFFNER, MARILYN D.	2.1 TITLE	
NAME	2665 S. BAYSHORE DR. SUITE 800	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MIAMI FL 33133	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D BOVA, ANTHONY F	3.1 TITLE	
NAME	1870 THE EXCHANGE SUITE 200	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ATLANTA GA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S KLEIN, PETER W.	4.1 TITLE	
NAME	2665 S BAYSHORE DR. SUITE 800	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MIAMI FL 33133-5401	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D GEORGE, PHILLIP T MD	5.1 TITLE	
NAME	2665 S. BAYSHORE DR. SUITE 800	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MIAMI FL 33133-5401	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	EVP RUDOVSKY, PAUL	6.1 TITLE	
NAME	1870 THE EXCHANGE SUITE 200	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ATLANTA GA	6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

Marilyn D. Kuffner, Assistant Secretary

305/858-2200

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0179406

CR2E034 (9/96)

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02/18/1997

**Directors and Officers**  
**Atlantis Molded Plastics, Inc.**

**DIRECTORS:**

Anthony F. Bova                      Director  
Primary : 1870 The Exchange  
Address : Suite 200  
Atlanta, Georgia 30339

Phillip T. George, M.D.              Director  
Primary : 2665 South Bayshore Drive  
Address : 8th Floor  
Miami, Florida 33133

Earl W. Powell                      Director  
Primary : 2665 S. Bayshore Drive  
Address : Suite 800  
Miami, FL 33133

**OFFICERS:**

Anthony F. Bova                      Chief Executive Officer, President  
Primary : 1870 The Exchange  
Address : Suite 200  
Atlanta, Georgia 30339

Paul Rudovsky                      Executive Vice President  
Primary : Atlantis Plastics, Inc.  
Address : 1870 The Exchange  
Suite 200  
Atlanta, Georgia 30339

Peter W. Klein                      Secretary  
Primary : 2665 S. Bayshore  
Address : Suite 800  
Miami, FL 33133

John Anthony Geary                  Vice President  
Primary : 1870 The Exchange  
Address : Suite 200  
Atlanta, Georgia 30339

Peter Kacer                      Controller, Treasurer  
Primary : 1870 The Exchange  
Address : Suite 200  
Atlanta, Georgia 30339

Marilyn D. Kuffner                  Assistant Secretary  
Primary : 2665 S. Bayshore Drive  
Address : Suite 800  
Miami, FL 33133