

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L76864 (2)**

1. Corporation Name  
**A-1 PAPER AND SUPPLY COMANY**



Principal Place of Business: **C/O MICHAEL R. BRUENS, 250 LOCK RD., DEERFIELD BCH. FL 33442**  
Mailing Address: **C/O MICHAEL R. BRUENS, 250 LOCK RD., DEERFIELD BCH. FL 33442**

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

3. Date Incorporated or Qualified <b>05/29/1990</b>	3a. Date of Last Report <b>04/17/1995</b>
4. FEI Number <b>65-0202416</b>	Applied For Not Applicable
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>
8. 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				10. Name and Address of New Registered Agent			
<b>BRUENS, MICHAEL R. 250 LOCK RD. DEERFIELD BCH. FL 33442</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12			
TITLE	D	PISER, PETER J.		1. TITLE			
NAME		250 LOCK RD.		12 NAME			
STREET ADDRESS		DEERFIELD BCH. FL		13 STREET ADDRESS			
CITY-ST-ZIP				14 CITY-ST-ZIP			
TITLE	D	BRUENS, MICHAEL R.		2. TITLE			
NAME		250 LOCK RD.		22 NAME			
STREET ADDRESS		DEERFIELD BCH. FL		23 STREET ADDRESS			
CITY-ST-ZIP				24 CITY-ST-ZIP			
TITLE	D	PISER, TIMOTHY H.		3. TITLE			
NAME		250 LOCK RD.		32 NAME			
STREET ADDRESS		DEERFIELD BCH. FL		33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE	D	BOWSER, TIMOTHY A.		4. TITLE			
NAME		250 LOCK RD.		42 NAME			
STREET ADDRESS		DEERFIELD BCH. FL		43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE				5. TITLE			
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE				6. TITLE			
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

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)(a), 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: *Peter Piser, P.E.* **5-30-96 954-425-0418**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)