

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR - 3 PII 5: 25

DOCUMENT # **P15325** (4)

1. Corporation Name
FLORIDA-VIRGINIA PAPER, INC.

Principal Place of Business: **7465 PRESIDENTS DR ORLANDO FL 32824 US**
Mailing Address: **5713 WARD AVE VIRGINIA BCH VA 23455**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/23/1987**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		58-1737252		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28	24	25	29	30		
Zip	Country	Zip	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BASS, LAURIE E. MR 7465 PRESIDENTS DRIVE ORLANDO FL 32824				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 the # registered) (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, TAVIA F.	12 NAME	
STREET ADDRESS	5713 WARD AVE	13 STREET ADDRESS	
CITY - ST - ZIP	VIRGINIA BEACH VA	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENIELLO, PETER	22 NAME	
STREET ADDRESS	233 CLIFTON BLVD	23 STREET ADDRESS	
CITY - ST - ZIP	CLIFTON NJ	24 CITY - ST - ZIP	
TITLE	STD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, DANIEL	32 NAME	
STREET ADDRESS	5713 WARD AVE	33 STREET ADDRESS	
CITY - ST - ZIP	VIRGINIA BEACH VA	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(3)(a), Florida Statute. I further certify that the information indicated on this annual report or supplementary 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, changed, or on an attachment to this report.

SIGNATURE: *[Signature]* (SIGNATURE AND TYPE IN PRINTED NAME OF BOARD OFFICER OR DIRECTOR) (804) 464-3581 (By Fax 14 days)