

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **07/23/1987**
3a. Date of Last Report: **04/03/1995**
4. FET Number: **58-1737252**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **BASS, LAURIE E. MR 7465 PRESIDENTS DRIVE ORLANDO FL 32824**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 607.0506, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when not changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: GORDON, TAVIA F.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5713 WARD AVE	CITY-STATE-ZIP: VIRGINIA BEACH VA	1.2 NAME	
TITLE: VD	NAME: FENIELLO, PETER	1.3 STREET ADDRESS	
STREET ADDRESS: 233 CLIFTON BLVD	CITY-STATE-ZIP: CLIFTON NJ	1.4 CITY-STATE-ZIP	
TITLE: STD	NAME: GORDON, DANIEL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5713 WARD AVE	CITY-STATE-ZIP: VIRGINIA BEACH VA	2.2 NAME	
TITLE: [] DELETE	NAME: [] DELETE	2.3 STREET ADDRESS	
TITLE: [] DELETE	NAME: [] DELETE	2.4 CITY-STATE-ZIP	
TITLE: [] DELETE	NAME: [] DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE	NAME: [] DELETE	3.2 NAME	
TITLE: [] DELETE	NAME: [] DELETE	3.3 STREET ADDRESS	
TITLE: [] DELETE	NAME: [] DELETE	3.4 CITY-STATE-ZIP	
TITLE: [] DELETE	NAME: [] DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE	NAME: [] DELETE	4.2 NAME	
TITLE: [] DELETE	NAME: [] DELETE	4.3 STREET ADDRESS	
TITLE: [] DELETE	NAME: [] DELETE	4.4 CITY-STATE-ZIP	
TITLE: [] DELETE	NAME: [] DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE	NAME: [] DELETE	5.2 NAME	
TITLE: [] DELETE	NAME: [] DELETE	5.3 STREET ADDRESS	
TITLE: [] DELETE	NAME: [] DELETE	5.4 CITY-STATE-ZIP	
TITLE: [] DELETE	NAME: [] DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE	NAME: [] DELETE	6.2 NAME	
TITLE: [] DELETE	NAME: [] DELETE	6.3 STREET ADDRESS	
TITLE: [] DELETE	NAME: [] DELETE	6.4 CITY-STATE-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)(k), 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 any address.

SIGNATURE: *Tavia F. Gordon* TAVIA F. GORDON 3-29-96 804 464 3581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)