


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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/23/1987
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 58-1737252
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	25. Country	29. Zip
26. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

14. I 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.

SIGNATURE: *Tavia F. Gordon* TAVIA F. GORDON (757) 464-3581

CR2E034 (10/97)