

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

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25206 (4)

1. Corporation Name
RIVER CITY PLASTICS, INC.

Principal Place of Business
7167 OLD KINGS RD. NORTH
JACKSONVILLE FL 32219

Mailing Address
7167 OLD KINGS RD. NORTH
JACKSONVILLE FL 32219

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Enterprise Rd-West Suite, Apt. #, etc.		2a. Mailing Address 26 Enterprise Rd-West Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/17/1989	
22 City & State 23 Sanders son FL		27 City & State 28 Sanders son FL		4. FEI Number 22-2981002	
24 32087 Country Baker		29 32087 Country Baker		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 N. MAGNOLIA ST. TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	BRADY, DANIEL W.	1.2 NAME	
STREET ADDRESS	2845 PARKWOOD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	AURORA IL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	LINEBERGER, JR., JAMES E	2.2 NAME	
STREET ADDRESS	1120 BOSTON POST ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT 06820	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	
NAME	MANDELL, EDWARD R.	3.2 NAME	
STREET ADDRESS	1211 AVE. OF THE AMERICAS	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10036-8705	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	MCCARTNEY, STAFFORD	4.2 NAME	
STREET ADDRESS	7167 OLD KINGS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: _____ 1-30-98 904-783-1980

CR2E034 (10/97)