


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

FILED
May 13 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 # **P93000033688 (1)**

1. Corporation Name
JOTAN, INC.

Principal Place of Business
**118 WEST ADAMS STREET
JACKSONVILLE FL 32202**

Mailing Address
**PO BOX 836
JACKSONVILLE FL 32301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/03/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3181162	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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 SHEA, RALPH 118 WEST ADAMS ST. JACKSONVILLE FL 32202		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

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	P	1.1 TITLE	DC
NAME	CALLAHAN, JERRY	1.2 NAME	SANGALIS, JEFFREY
STREET ADDRESS	118 W. ADAMS ST.	1.3 STREET ADDRESS	118 WEST ADAMS ST
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	V	2.1 TITLE	D
NAME	FREEDMAN, DAVID	2.2 NAME	RALPH, SHEA
STREET ADDRESS	118 W. ADAMS ST	2.3 STREET ADDRESS	118 WEST ADAMS ST
CITY-ST-ZIP	JACKSONVILLE FL 32202	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	CFO	3.1 TITLE	D
NAME	FREEDMAN, DAVID	3.2 NAME	DAVIDSON, PHILIP
STREET ADDRESS	118 W ADAMS ST	3.3 STREET ADDRESS	118 WEST ADAMS ST
CITY-ST-ZIP	JACKSONVILLE FL 32202	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	T	4.1 TITLE	D
NAME	MOORE, JOHN	4.2 NAME	WILSON, JAMES
STREET ADDRESS	118 W ADAMS ST	4.3 STREET ADDRESS	118 WEST ADAMS ST
CITY-ST-ZIP	JACKSONVILLE FL 32202	4.4 CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE		5.1 TITLE	VS
NAME		5.2 NAME	LIPSCOMB, EDWARD
STREET ADDRESS		5.3 STREET ADDRESS	118 WEST ADAMS ST,
CITY-ST-ZIP		5.4 CITY-ST-ZIP	JACKSONVILLE FL 32202
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: _____

E. LIPSCOMB 4/28/98 (904) 355-2592

CR2E034 (10/97)