

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

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93 0000 38 495			
1. Corporation Name AOPKA PLASTICS, INC.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 2601 W. ORANGE BLOSSOM TRAIL Suite, Apt. #, etc.		2a. Mailing Address 28 2601 W. ORANGE BLOSSOM TRAIL Suite, Apt. #, etc.	
22 City & State 23 APOPKA, FLORIDA Zip 24 32712		29 City & State 30 APOPKA, FLORIDA Zip 31 32712	
3. Date Incorporated or Qualified 5/27/93		3a. Date of Last Report 1995	
4. FEI Number 59-3186862		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
8. Name and Address of Current Registered Agent STANLEY RAPHAEL 400 TOWERSIDE TERRACE APT. 611 MIAMI, FL 33138		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <div style="text-align: right;">FL 85 Zip Code</div>	
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 _____			
12. OFFICERS AND DIRECTORS Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRESIDENT HAROLD E. DOHERTY 7 BASSWOOD LANE ANDOVER, MA 01810 <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SECRETARY STANLEY S. RAPHAEL 400 TOWERSIDE TERRACE, APT. 611 MIAMI, FL 33138 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DIRECTOR HAROLD E. DOHERTY 7 BASSWOOD LANE ANDOVER, MA 01810 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DIRECTOR STANLEY S. RAPHAEL 400 TOWERSIDE TERRACE, APT. 611 MIAMI, FL 33138 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DIRECTOR DANIEL W. COAKLEY 27 ELIZABETH DRIVE LAUREL HOLLOW, NY 11791 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	
		100001848021 -06/03/96--01049--028 ***200.00	
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 an address.			
SIGNATURE: Harold E. Doherty		HAROLD E. DOHERTY 4/30/96	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone # 508-756-1010	

CR2E034 (12/95)