FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:43

DOCUMENT # **P94000030557 (0)**

1. Corporation Name

ATLANTIS PLASTICS, INC.

Principal Place of Business	Mailing Address
2665 S. BAYSHORE DR. SUITE 800 MIAMI FL 33131	2665 S. BAYSHORE DR. SUITE 800 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/21/1994
3a. Date of Last Report: N/A

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 06-1088270 ☐ Applied For ☐ Not Applicable

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

~~PRENTICE-HALL CORPORATION SYSTEM, INC.~~
~~1201 HAYS ST.~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent

81 Name: Peter W. Klein
82 Street Address (P.O. Box Number is Not Acceptable): 2665 South Bayshore Drive
83: Suite 800
84 City: Miami FL 85 Zip Code: 33133

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: [signature] 03/07/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/Chairman	11 TITLE	S/VP ☐ Change ☐ Addition
NAME	POWELL, EARL W	12 NAME	Peter W. Klein
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 800	13 STREET ADDRESS	2665 South Bayshore Drive, Suite 800
CITY-ST-ZIP	MIAMI FL 33131	14 CITY-ST-ZIP	Miami, Florida 33133
TITLE	D/Vice Chairman	21 TITLE	VP ☐ Change ☐ Addition
NAME	GEORGE, PHILLIP T MD	22 NAME	Peter Kacer
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 800	23 STREET ADDRESS	2665 South Bayshore Drive, Suite 800
CITY-ST-ZIP	MIAMI FL 33131	24 CITY-ST-ZIP	Miami, Florida 33133
TITLE	D/CEO/P	31 TITLE	Assistant Secretary ☐ Change ☐ Addition
NAME	Anthony F. Bova	32 NAME	Marilyn D. Kuffner
STREET ADDRESS	1870 The Exchange, Suite 200	33 STREET ADDRESS	2665 South Bayshore Drive, Suite 800
CITY-ST-ZIP	Atlanta, GA 30339	34 CITY-ST-ZIP	Miami, Florida 33133
TITLE	D	41 TITLE	T/CFO/VP ☐ Change ☒ Addition
NAME	Larry D. Horner	42 NAME	Paul Rudovsky
STREET ADDRESS	110 East 59 Street	43 STREET ADDRESS	2665 South Bayshore Drive, SUite 800
CITY-ST-ZIP	New York, NY 10022	44 CITY-ST-ZIP	Miami, Florida 33133
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	Charles D. Murphy	52 NAME	
STREET ADDRESS	Ignatian Heights, Univ. of S.F.	53 STREET ADDRESS	
CITY-ST-ZIP	San Francisco, CA 94117	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	Chester B. Vanatta	62 NAME	
STREET ADDRESS	2665 South Bayshore Drive, Suite 800	63 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33133	64 CITY-ST-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)(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.

Marilyn D. Kuffner, Assistant Secretary

SIGNATURE: [signature] 03/07/95 305-858-2200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED Date Daytime Phone #