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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026737 (2)

RIVERWOOD HOLDINGS, INC.

Principal Place of Business Mailing Address

4850 NORTH STATE ROAD 7

FOOT LAUREDDALE SI 22219

FOOT LAUREDDALE SI 22219

FILED Feb 25 1997 8:00am Secretary of State



Principal Place of Business 4850 NORTH STATE ROAD 7 FORT LAUDERDALE FL 33319		4850 NORTH	Mailing Address 4850 NORTH STATE ROAD 7 FORT LAUDERDALE FL 33319-5889				1 (45149)) (16 (4112 SII)) SSIN SSNI SSNI SSNI SSNI SSNI SSN				
							e Incorporated or Qu /20/1996	alified	3a. Da	te of Last	Report
2. Principal I	Place of Business	2a. Mailing A	Address				Number		· · · · · · · · · · · · · · · · · · ·	[]	Applied For
21		26		·			65-0662	<u> ን ያ :</u>	<u>) </u>		Not Applicable
Suite, Apt	#, etc	Suite, Ap	ot. #, etc.			5. Cer	tificate of Status Desi	red			Additional Required
22 City & Sta	No.	27 City 8 St	ale			C Cin	ties Costanies Cises				
23		28	aio			I	ction Campaign Finan at Fund Contribution	icing	\Box		May Be
Zip	Country	Zip		Count	у		s corporation has liab	ility for in			
24	25	29		30			rida Statutes] No	0. 100,000.
——————————————————————————————————————	9. Name and Address of Cur	rrent Registered Age	ent			10. Na	me and Address of I	New Reg	istered A	\gent	
CO	PROPORATION SERVICE COMPA	WY		8	i Nai	ne					
	01 HAYS STREET			ä	Str	et Address (P.O. I	Box Number is Not A	ccentabl			
	LLAHASSEE FL 32301-2525						DOX 140/11/20/10 140/14/				
				8:	3						
				8	4 City	······				or 7i	Code
				"	• City	,			FL	85 Zi) C00e
SIGNATURE	Signature, typed or proted name of registered OF FICE RS	AND DIRECTORS		Hegislered A	gent sign		tating) ITIONS/CHANGES TO	OFFICE	DATE PS AND		
THILE	D		DELETE	1.1 TITLE		P				Change	Addition
NAME	PERLIN, JUDY L			1.2 NAMI							
STREET ADDRESS				13 STRE	ET ADDRE	ss					
CITY-S1-ZIP	CORAL SPRINGS FL 33076		T no ere	14 CiTY						T 1 01	1 1100
THLE	D OFFICE WEND F	.	DELETE	2 1 TITLE						Change	. Addition
NAME	SIEGEL, WEND! F 1284 NORTHWEST 111TH	WAVE		2.2 NAM							
STREET AODRESS	CORAL SPRINGS FL 33071			2.3 STRE		SS			*		
CHY-ST-ZIP TOLE	CONAL SPRINGS PL 33071		DELETE	2. 4 CITY 3.1 TITLE		SET	5-1-1-1			Change	Addition
NAME		L	_ otten	3.2 NAMI		KATION	Schelin W 104 AVE			L_ Onlings	ragillon
STREET ADDRESS				3.2 (VAIVI		5 4811 N	W 104 AVE	-			
CITY - ST- ZIP				3.4. CITY		TUMBAR	rc, 33321		٠		
11116			DELETE	4.1 TITLE						☐ Change	Addition
NAMÉ		•	**	4. 2 NAM						_	
STREET ADDRESS				4.3 STRE		ss					
C(TY-S1-ZIP				4.4 CITY							
Tilté			DELETE.	5.1 TITLE		· · ·		_ 10 171		Change	Addition
	}										
NAME				52 NAMI							
STHEET ADDRESS				5.2 NAMI 5.3 STRE	Ē	ss					
STHEET ADDRESS					ET ADDRE	ss					
		L	DELETE	53 STRE	ET ADDRE ST-ZIP	ss				Change	Addition
STHEET ADDRESS OCY-ST-ZIP			DELETE	53 STRE 54 City	EY ADDRE ST-ZIP	ss				Change	Addition
STHEET ADDRESS OCY-ST-ZIP TITLE			DELETE	53 STRE 54 CHTY 61 TITLE	EY ADDRE ST-ZIP					Change	Addition

14. I do 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 it changed, or man attachment with an address.

SIGNATURE:

MAYHUUM GNATURE AND APED OF PRINTED NAME OF SIGNING OFFICER

Brisident FIGURE OR DIRECTOR

2/2/97 914 7596177