


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

FILED

Mar 12 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S19329 (9)</b> 1. Corporation Name <b>Paper Fantasies, Inc.</b>					
Principal Place of Business <b>8475 Western Way Suite 110 Jacksonville, FL 32256</b>			Mailing Address <b>8475 Western Way Suite 110 Jacksonville, FL 32256-0361</b>		
2. Principal Place of Business <b>7076 Davis CK RD</b>		2a. Mailing Address <b>P.O. Box 57789</b>		3. Date Incorporated or Qualified <b>12-14-90</b>	
21. City & State <b>Jacksonville, Florida</b>		26. City & State <b>Jacksonville, Florida</b>		3a. Date of Last Report <b>02-27-96</b>	
22. Zip <b>32256</b>		27. Zip <b>32256</b>		4. FEI Number <b>59-3043364</b>	
23. Country <b>U.S.</b>		28. Country <b>U.S.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24. Name and Address of Current Registered Agent <b>Koegler, Steven C. 10151 Deerwood Park Blvd. Building 100 Suite 200 Jacksonville, Florida 32256</b>		29. Name and Address of New Registered Agent <b>FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
30. City <b>Jacksonville</b>		31. City <b>FL</b>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
32. Zip Code <b>32256</b>		33. Zip Code <b>32256</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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, 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					
14. I declare under penalty 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 contained 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 a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name was previously on Form 12 or Block 13, if changed, on an attachment with an address.					

CR2E034 (9/96)

CC 3/12/97

SIGNATURE: PETER HEIDE-JORGENSEN 01/14/97 (904) 880 7400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #