

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S68937 (9)
1. Corporation Name
ASSOCIATED ENVELOPE CORPORATION OF FLORIDA, INC.

Principal Place of Business
1498 S.W. 4TH CT.
BOCA RATON FL 33432

Mailing Address
1498 S.W. 4TH CT.
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/26/1991	3a. Date of Last Report 01/25/1996
4. FEI Number 65-0280639	Applied For 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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

VECCHIO, JOSEPH A. JR.
2929 E. COMMERCIAL BLVD.
BARNETT BANK TOWER, PENTHOUSE SUITE A
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLUCCI, CAROL	1.2 NAME	
STREET ADDRESS	1498 SW 4TH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLUCCI, RICHARD	2.2 NAME	
STREET ADDRESS	1498 SW 4TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONYETTE, JANET	3.2 NAME	
STREET ADDRESS	1277 PINETTA CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLUCCI, MARK	4.2 NAME	
STREET ADDRESS	1498 SW 4TH CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

PRESIDENT

7/17/97

CR2E034 (4/97)

FILED

97 JUL 25 AM 10:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA



ASSOCIATED ENVELOPE CORP.

July 17, 1997

Florida Dept. of State
Division of Corporations
Annual Report Filings

To Whom it may concern:

I enclose please find a photocopy of our Corporation's Annual Report sent to you with our check # 2345 on January 2, 1997, for \$165.00.

Today I received your second request packet. I contacted your Dept. in Tallahassee and spoke with Debbie. As per her instructions, I am sending this letter with a copy of what was sent to you in January. I am enclosing a "new" check for the \$165.00 Corporation filing fee. If our original check # 2345 should show up I am assuming it will be returned to me. Hoping this will expedite matters & remain available for any other information you may need!

Sincerely

Carol A. Colucci

President

P.O. BOX 3199, BOCA RATON, FLORIDA 33427-3199 • 407-368-8414

ASSOCIATED ENVELOPE CORPORATION
OF FLORIDA, INC.
P.O. BOX 8100
BOCA RATON, FL 33427

2630

PAY TO THE ORDER OF Department of State
One Hundred Fifty-five and 00/100

7/17

19 97

63-55612670

\$ 165.00

DOLLARS

FIRST BANK OF FLORIDA
P.O. BOX 3618
WEST PALM BEACH, FL 33408

FOR Corp. Filing Fee 5-68937

65-0288639

00026301

02670856190

0670001680

Carol A. Colucci

Stacey,
Thank you for
all your help!
Carol
Colucci

1-850-487-6028