

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # F95000000451 (3)

1. Corporation Name

AUTOMATED PACKAGING SYSTEMS, INC.



Principal Place of Business: 10175 PHILIPP PARKWAY STREETSBORO OH 44241
Mailing Address: 10175 PHILIPP PARKWAY STREETSBORO OH 44241

3. Date Incorporated or Qualified 01/27/1995	3a. Date of Last Report
4. FFI Number 34-0921189	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1. TITLE	<input type="checkbox"/> DELETE
NAME	LERNER, HERSHEY	2. NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	10175 PHILIPP PARKWAY	3. STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP	STREETSBORO OH 44241	4. CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	CP	2. TITLE	<input type="checkbox"/> DELETE
NAME	LERNER, BERNARD	2. NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	10175 PHILLIP PARKWAY	2.3 STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP	STREETSBORO OH 44241	2.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	DVS	3.1 TITLE	<input type="checkbox"/> DELETE
NAME	GOULD, ARTHUR	3.2 NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	10175 PHILLIP PARKWAY	3.3 STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP	STREETSBORO OH 44241	3.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	V	4.1 TITLE	<input type="checkbox"/> DELETE
NAME	JORDAN, KENNETH	4.2 NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	10175 PHILLIP PARKWAY	4.3 STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP	STREETSBORO OH 44241	4.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	CFOT	5.1 TITLE	<input type="checkbox"/> DELETE
NAME	STUFFLEBEAN, JERRY D	5.2 NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	10175 PHILLIP PARKWAY	5.3 STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP	STREETSBORO OH 44241	5.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	V	6.1 TITLE	<input type="checkbox"/> DELETE
NAME	MCMAMARA, MICHAEL	6.2 NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	10175 PHILLIP PARKWAY	6.3 STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-ST-ZIP	STREETSBORO OH 44241	6.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE

Chairman of Board & Director Change Addition
Lerner, Hershey

President & Director Change Addition
Lerner, Bernard

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: *J. D. Stufflebean*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. D. Stufflebean CEO

4/19/96 (216) 342-2000

CR2E034 (12/95)