

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

FILED
Apr 08 1997 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 44241-4706**

3. Date Incorporated or Qualified 01/27/1995	3a. Date of Last Report 04/25/1996
4. FEI Number 34-0921189	Applied For <input type="checkbox"/> 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. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> DELETE
NAME	LERNER, HERSHEY
STREET ADDRESS	10175 PHILIPP PARKWAY
CITY-ST-ZIP	STREETSBORO OH
TITLE	PD <input type="checkbox"/> DELETE
NAME	LERNER, BERNARD
STREET ADDRESS	10175 PHILLIP PARKWAY
CITY-ST-ZIP	STREETSBORO OH
TITLE	DVS <input type="checkbox"/> DELETE
NAME	GOULD, ARTHUR
STREET ADDRESS	10175 PHILLIP PARKWAY
CITY-ST-ZIP	STREETSBORO OH 44241
TITLE	V <input type="checkbox"/> DELETE
NAME	JORDAN, KENNETH
STREET ADDRESS	10175 PHILLIP PARKWAY
CITY-ST-ZIP	STREETSBORO OH 44241
TITLE	CFOT <input type="checkbox"/> DELETE
NAME	STUFFLEBEAN, JERRY D
STREET ADDRESS	10175 PHILLIP PARKWAY
CITY-ST-ZIP	STREETSBORO OH 44241
TITLE	V <input type="checkbox"/> DELETE
NAME	MCMAMARA, MICHAEL
STREET ADDRESS	10175 PHILLIP PARKWAY
CITY-ST-ZIP	STREETSBORO OH 44241

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: _____ Date: **3/31/97** Copying Phone: **(216) 342-2000**

CR2E034 (9/96)