

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 4: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 853312 (7)

1. Corporation Name
REB PLASTICS, INC.

Principal Place of Business Mailing Address
33625 PINE OAK PARKWAY AVON LAKE OH 44012-2321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/25/1982** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt # etc

22 City & State 27 City & State

23 City & State 28 City & State

24 City 25 Country 29 City 30 Country

4. FEI Number **34-1091605** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**O'TOOLE, C J
735 CENTRAL FL PKW
ORLANDO FL 32809**

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 _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MASON, MARC L
STREET ADDRESS	33625 PIN OAK PKW
CITY ST ZIP	AVON LAKE, OH 00000
TITLE	STD
NAME	O'TOOLE, C. J.
STREET ADDRESS	33625 PIN OAK PKWY
CITY ST ZIP	AVON LAKE, OH 00000
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	P GALLAGHER, PAUL
13 STREET ADDRESS	33625 PIN OAK PARKWAY
14 CITY ST ZIP	AVON LAKE, OH 44012
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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(2)(b), 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. I am an officer or director of the corporation or the registered agent 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 attached list of names.

SIGNATURE: _____

Paul K Gallagher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL K GALLAGHER 4/14/95
210 933 5477