

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **853312** (7)

1. Corporation Name
REB PLASTICS, INC.



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

2. Principal Place of Business
21 **22255 Center Ridge Road**
Suite, Apt. #, etc.
22
City & State
23 **Rocky River, Ohio**
Zip Country
24 **44116** 25 **USA**
2a. Mailing Address
26 **22255 Center Ridge Road**
Suite, Apt. #, etc.
27
City & State
28 **Rocky River, Ohio**
Zip Country
29 **44116** 30 **USA**

3. Date Incorporated or Qualified: **06/25/1982**
3a. Date of Last Report: **04/18/1995**
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 PKWY
ORLANDO FL 32809**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **6064 Lexington Park**
83
84 City: **Orlando** FL 85 Zip Code: **32819**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0105, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GALLAGHER, PAUL	
STREET ADDRESS	33625 PIN OAK PARKWAY	
CITY-ST-ZIP	AVON LAKE, OH 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	O'TOOLE, C. J.	
STREET ADDRESS	33625 PIN OAK PKWY	
CITY-ST-ZIP	AVON LAKE, OH 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
13. STREET ADDRESS	22255 Center Ridge Road
14. CITY-ST-ZIP	Rocky River, Ohio 44116
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	22255 Center Ridge Road
24. CITY-ST-ZIP	Rocky River, Ohio 44116
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. 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(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 attached list with an address.

SIGNATURE: *Paul K Gallagher* Paul K Gallagher 5/22/96 216-356-5997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)