


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 28, 1999 8:00am  
Secretary of State

01-28-1999 90027 040 \*\*\*\*\*158.75



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000687

1. Corporation Name  
RIVERWOOD-MAGNOLIA CORP.

Principal Place of Business 7055 ENGLE RD., #302 MIDDLEBURG HEIGHTS OH 44130	Mailing Address 7055 ENGLE RD., #302 MIDDLEBURG HEIGHTS OH 44130
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/10/1997		4. FEI Number 34-1753065 Applied For Not Applicable		5. Certificate of Status Desired <input checked="" 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUSHNER, STEVEN P  
1375 JACKSON ST., STE. 202  
FT. MYERS FL 33901

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CP	LEITCH, JEFFREY	<input type="checkbox"/> DELETE	1.1 TITLE	34-1753065	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				1.2 NAME			
STREET ADDRESS	20950 CENTER RIDGE RD., STE. 303			1.3 STREET ADDRESS			
CITY-ST-ZIP	ROCKY RIVER OH 44116			1.4 CITY-ST-ZIP			
TITLE	DVS	MEHALL, MARTIN	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME			
STREET ADDRESS	7055 ENGLE RD., STE. 302			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIDDLEBURG HEIGHTS OH 44130			2.4 CITY-ST-ZIP			
TITLE	DT	WEISS, IRVING	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS	7055 ENGLE RD., #302			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIDDLEBURG HEIGHTS OH 44130			3.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	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			<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: M. S. G. M. J. P. R. S. 1-11-99 (440) 234-6500