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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
Division of CORPORATIONS

APPROVED
AND
FILED

MAY - 1 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 195557 (4)

THE TIDES PROPERTIES CORPORATION

Principal Place of Business: ONE SPACE PARK STE 2770 REDONDO BEACH CA 90278 US
Mailing Address: 1900 RICHMOND AVE. 3E CLEVELAND OH 44124 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 08/25/1956
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0780802 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
7. Has this corporation had liability for intangible tax under S 189.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324
10. Name and Address of New Registered Agent: B1 Name: B2 Street Address (P.O. Box Number is Not Acceptable): B3 B4 City: FL B5 Zip Code:

11. Pursuant to the provisions of Sections 607.0402 and 607.1506, 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, hereby accept the appointment as registered agent, I am familiar with and I accept the obligations of Section 607.0501, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent or Director)

12. OFFICERS AND DIRECTORS: PD HANNEMANN, T.W. ONE SPACE PARK REDONDO BEACH CA; VD SYDENSTRICKER, J.R. ONE SPACE PARK REDONDO BEACH CA; S GALLAS, W.E. ONE SPACE PARK REDONDO BEACH CA; AST URAGAMI, SI ONE SPACE PARK REDONDO BEACH CA; D WILLIAMS, R.G. ONE SPACE PARK REDONDO BEACH CA

13. ADDITIONS CHANGE S TO OFFICERS AND DIRECTORS IN 12: 1. NAME: 2. STREET ADDRESS: 3. CITY, ST, ZIP: 4. NAME: 5. STREET ADDRESS: 6. CITY, ST, ZIP: 7. NAME: 8. STREET ADDRESS: 9. CITY, ST, ZIP: 10. NAME: 11. STREET ADDRESS: 12. CITY, ST, ZIP: 13. NAME: 14. STREET ADDRESS: 15. CITY, ST, ZIP: 16. NAME: 17. STREET ADDRESS: 18. CITY, ST, ZIP: 19. NAME: 20. STREET ADDRESS: 21. CITY, ST, ZIP: 22. NAME: 23. STREET ADDRESS: 24. CITY, ST, ZIP: 25. NAME: 26. STREET ADDRESS: 27. CITY, ST, ZIP: 28. NAME: 29. STREET ADDRESS: 30. CITY, ST, ZIP: 31. NAME: 32. STREET ADDRESS: 33. CITY, ST, ZIP: 34. NAME: 35. STREET ADDRESS: 36. CITY, ST, ZIP: 37. NAME: 38. STREET ADDRESS: 39. CITY, ST, ZIP: 40. NAME: 41. STREET ADDRESS: 42. CITY, ST, ZIP: 43. NAME: 44. STREET ADDRESS: 45. CITY, ST, ZIP: 46. NAME: 47. STREET ADDRESS: 48. CITY, ST, ZIP: 49. NAME: 50. STREET ADDRESS: 51. CITY, ST, ZIP: 52. NAME: 53. STREET ADDRESS: 54. CITY, ST, ZIP: 55. NAME: 56. STREET ADDRESS: 57. CITY, ST, ZIP: 58. NAME: 59. 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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 119.032, 119.033, 119.034, Florida Statutes. I further certify that the information was filed on this annual report or supplemental annual report, true and accurate and that my signature shall have the same legal effect as if made under oath. I am responsible for the disclosure of the information on this report as required by Chapter 607, Florida Statutes, and that my name appears on this report as required by Section 607.0501, Florida Statutes, and that my name is typed on this report as required by Section 607.0501, Florida Statutes.

SIGNATURE: T.W. HANNEMANN T.W. HANNEMANN APR 28 1995 (216) 291-7719 PRESIDENT