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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 818441

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24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New, Registered Agent 10. Name and A	. ,	do					, -			
Section Sect		}···-¬	h	ļ <u>-</u>	Country		Florida Statutes	Yes 🗆 N	lo	199.032,
STATE OF FLORIDA CAPITOL BUILDING TALLAHASSEE FL 32301 82 Street Address (P.O. Box Number is Not Acceptable) 83 Part Of FLORIDA CAPITOL BUILDING TALLAHASSEE FL 32301 84 City FL 85 Zip Cox 11. Pursuant to the provisions of Soctions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its received agent and familiar with, and accept the obligations of Soction 607 0505, Florida Statutes. SIGNATURE Signature have the preference of region and for the purpose of changing its received when reinstating to the purpose of changing its received with an accept the obligations of Soction 607 0505, Florida Statutes. SIGNATURE Signature have the preference of region and for the purpose of changing its received when reinstating to the purpose of changing its received by the corporation submits this statement for the purpose of changing its received by the corporation submits this statement for the purpose of changing its received by the corporation submits this statement for the purpose of changing its received by the corporation submits this statement for the purpose of changing its received by the corporation submits this statement for the purpose of changing its received by the corporation submits this statement for the purpose of changing its received by the corporation submits this statement for the purpose of changing its received by the corporation submits this statement for the purpose of changing its received by the corporation submits this statement for the purpose of changing its received by the corporation submits this statement for the purpose of changing its received by the corporation submits this statement for the purpose of changing its received by the corporation submits this statement for the purpose of changing its received by the corporation submits this statement for the purpose of changing its received by the corporation submits this statement for the purpose of changing its received by the corporation submits this statement for the		9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New A	egistered Age	nt	
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6.4 CITY-ST-ZIP 14. I do nereby certify that the information supplied with this fiting 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 B

4.3 STREET ADDRESS

53 STREET ADDRESS 5 4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME **6.3 STREET ADDRESS**

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DELETE

SIGNATURE

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MAYFIELD VILLAGE OH

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May 15 1997 8:00am

Secretary of State