

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

FILED

**Apr 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005855 (2)
1. Corporation Name
MAGNIVISION, INC.



Principal Place of Business 1500 SW 68TH AVE. PEMBROKE PINES FL 33023	Mailing Address ONE AMERICAN RD CLEVELAND OH 44144-2301 US
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3. Date Incorporated or Qualified 12/27/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0419470	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301	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
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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 PD	NAME NYMAN, MORTON	1.1 TITLE PD	1.2 NAME Ronald Peer
STREET ADDRESS 1500 SW 68TH AVE	CITY-ST-ZIP PEMBROKE PINES FL	1.3 STREET ADDRESS 1500 SW 66th Avenue	1.4 CITY-ST-ZIP Pembroke Pines, FL
TITLE D	NAME WEISS, MORRY	2.1 TITLE	2.2 NAME
STREET ADDRESS ONE AMERICAN RD	CITY-ST-ZIP CLEVELAND OH	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE V	NAME MEYER, WILLIAM S.	3.1 TITLE	3.2 NAME Patricia L Ripple
STREET ADDRESS ONE AMERICAN ROAD	CITY-ST-ZIP CLEVELAND OH	3.3 STREET ADDRESS One American Road	3.4 CITY-ST-ZIP Cleveland OH 44144
TITLE S	NAME GROETZINGER, JON JR	4.1 TITLE	4.2 NAME
STREET ADDRESS ONE AMERICAN RD.	CITY-ST-ZIP CLEVELAND OH 44144	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE T	NAME CABLE, DALE	5.1 TITLE	5.2 NAME
STREET ADDRESS ONE AMERICAN RD.	CITY-ST-ZIP CLEVELAND OH 44144	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE AS	NAME ROOSA, JAMES	6.1 TITLE	6.2 NAME
STREET ADDRESS ONE AMERICAN RD.	CITY-ST-ZIP CLEVELAND OH 44144	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Patricia Ripple* DATE: **4/24/97** DAYTIME PHONE: **(216) 352-7300**

CR2E034 (9/96)