

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 20 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000006639 (8)**

1. Corporation Name

**EXHIBITOR APPOINTED SERVICES, INC.**

Principal Place of Business

Mailing Address

**3865 HAMILTON AVE  
CLEVELAND OH 44114**

**3865 HAMILTON AVE  
CLEVELAND OH 44114**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

**12/28/1994**

4. FEI Number

**88-0306789**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOTTLIEB, JOHN  
3912 WINONA DRIVE  
ORLANDO FL 32812**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DV</b>
NAME	<b>HARMAN, LEE</b>
STREET ADDRESS	<b>4374 EL CARNAL WAY</b>
CITY-ST-ZIP	<b>LAS VEGAS NV 89121</b>
TITLE	<b>D</b>
NAME	<b>CRONISTER, LARI</b>
STREET ADDRESS	<b>6230 GRAY HOUND LANE RD</b>
CITY-ST-ZIP	<b>LAS VEGAS NV 89121</b>
TITLE	<b>CEO</b>
NAME	<b>ANDRE', CATHERINE</b>
STREET ADDRESS	<b>8672 TREETOP TRAIL</b>
CITY-ST-ZIP	<b>BROADVIEW HEIGHTS OH 44147</b>
TITLE	<b>P</b>
NAME	<b>DIEBOLD, STEPHEN</b>
STREET ADDRESS	<b>76 CHURCH STREET</b>
CITY-ST-ZIP	<b>HUDSON OH 44238</b>
TITLE	<b>S</b>
NAME	<b>JOHNSON, LANCE</b>
STREET ADDRESS	<b>925 EUCLID AVENUE</b>
CITY-ST-ZIP	<b>CLEVELAND OH 44115</b>
TITLE	<b>T</b>
NAME	<b>PAVKOV, CINDY</b>
STREET ADDRESS	<b>8651 JENNA DRIVE</b>
CITY-ST-ZIP	<b>BROADVIEW HEIGHTS OH 44147</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 attachment with an address.

SIGNATURE:

*Cindy Pavkov*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/95

Date

210-811-4433

Telephone #