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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # F9700006558

WALTER M. BUCHROEDER & SON, INC.

Principal Place	of Business	Mailing Address									
% C.J. MONASTRA & COMPANY, INC. 20102 CHAGRIN BOULEVARD SHAKER HEIGHTS OH 44122-4947		% C.J. MONASTRA & COMPANY, INC. 20102 CHAGRIN BOULEVARD SHAKER HEIGHTS OH 44122-4947				DO NOT WRITE IN THIS SPACE					
OFFICE CALLOT		<u> </u>				3. Date Incorporated or Qualifed 12/12/1997					
2. Principal Pla	ace of Business	2a. Mailing Address	•			4. FEI Number			Appli	ed For	
21		26				36-2070866			<u> </u>	pplicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	5. Certificate of Status Desired					
22		27				3. 0		Fe	e Requ	ired	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be					
23		28				Trust Fund Contribution			led to	Fees	
Zip	Country	Zip	Count	ry		8. This corporation owes the current		ngible XIYes	_	7.1-	
24	25		30	_		Personal Property Tax.			<u> </u>]No	
	9. Name and Address of Curren	nt Registered Agent		<u></u>	Alama	10. Name and Address of New Reg	istered A	gent			
EDW	ADD E LEMMSON DA		ľ	1	Name	•					
	ARD E. LEVINSON P.A.		8	2	Street Address (P.O. Box Number is Not Acceptable)						
	LINCOLN ROAD		_	_							
	THOUSE SOUITHEAST		8	3							
MAN	MI BEACH FL 33139		8	4	City	10.0	FL	85	Zip Co	de	
		22 and 607 1609 Florida Statutes	the abo		named corno	pration submits this statement for the pu	rpose of c	hangin	a its re	gistered	
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was aut	inonzea i	y u	he corporatio	n's board of directors. I hereby accept t	he appoint	tment a	is regis	stered	
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable (NOTE: F				egistered Agent signature require			DATE	DIO 6	OTOD	0.101.40	
12.		OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFIC	JERS AND	Cha		Addition	
TITLE	p	☐ DELETE	1.1 TITLE						nge.		
NAME	SHELLEY, JOSEPH P JR		12 NAM		ļ					ļ	
STREET ADDRESS	2372 MCDONALD AVE		1.3 STRE	ETA	ADDRESS						
CITY-ST-ZIP	BROOKLYN NY 11223		1.4 CITY-S		ZIP			☐ Cha		Addition	
TITLE			•	2.1 TITLE				U ¢на	rige	☐ Addition	
NAME			2.2 NAM								
STREET ADDRESS			2.3 STRE	ET/	ADDRESS						
CITY-ST-ZIP			2. 4 CITY		-ZIP	and the second s	<u> </u>				
TITLE		☐ ĐELETE	3.1 TITLE					☐ Cha	nge	Addition	
NAME			3 2 NAM	E							
STREET ADDRESS			3.3 STR	EET#	ADDRESS						
CITY-ST-ZIP	-		3.4 CITY	_	- ZIP					☐ Addition	
TITLE		☐ DELETE	4.1 TITLI	E				☐ Cha	nge	☐ Addition	
NAME			4. 2 NAM	Æ							
STREET ADDRESS			4.3 STRI	EET/	ADDRESS						
CITY-ST-ZIP			4.4 CITY	- ST-	-ZIP						
TITLE		☐ DELETE	5.1 TITL			,		Cha	nge	☐ Addition	
NAME			5.2 NAM					,			
STREET ADDRESS			53 STRI	EET /	ADDRESS						
CITY-ST-ZIP			5.4 CITY		-ZIP						
TITLE		☐ DELETE	6.1 TITL					☐ Cha	nge	☐ Addition	
NAME			6.2 NAM	Ε							
CTDEET ADDRESS			6.3 STR	EET/	ADDRESS						

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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address, with all other like empowered.

SIGNATURE: >

STREET ADDRESS

CITY-ST-ZIP

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90082 049 ***150.00