

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K70078** (6)

FILED

95 JAN 26 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
FLORIDA GIORDANO ENTERPRISES, INC.

Principal Place of Business: **8550 AETNA ROAD CLEVELAND OH 44105**
Mailing Address: **8550 AETNA ROAD CLEVELAND OH 44105**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/03/1989**
3a. Date of Last Report: **08/05/1994**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: ~~80000000~~ **34-1614648**
Applied For: Not Applicable

22. Suite, Apt. #, etc.: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **28**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **25** Country: **29**

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes: Yes No

24. Zip: **25** Country: **29**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 fee if applicable.

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GIORDANO, ANTHONY J JR
STREET ADDRESS	8550 AETNA ROAD
CITY-ST-ZIP	CLEVELAND OH
TITLE	VD
NAME	GIORDANO, ANTHONY J
STREET ADDRESS	8550 AETNA ROAD
CITY-ST-ZIP	CLEVELAND OH
TITLE	TD
NAME	GIORDANO, DAVID
STREET ADDRESS	8550 AETNA ROAD
CITY-ST-ZIP	CLEVELAND OH
TITLE	SD
NAME	SAPONARO, MONICA
STREET ADDRESS	8550 AETNA ROAD
CITY-ST-ZIP	CLEVELAND OH
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Statute. I further certify that the information included 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

Typed name of officer or director

Robert A. Scrin, C.F.O.

1-16-95

Typed Date