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Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P34571 (0)
 1. Corporation Name
PODOJIL BUILDERS, INC.

Principal Place of Business: **10219 BRECKSVILLE ROAD CLEVELAND OH 44141**
 Mailing Address: **10219 BRECKSVILLE ROAD CLEVELAND OH 44141-3207**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/05/1991	3a. Date of Last Report 12/05/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 34-1266932	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 EAST VIRGINIA STREET, SUITE 1 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
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO PODOJIL, CLIFFORD J.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODOJIL, CLIFFORD J.	1.2 NAME	
STREET ADDRESS	8425 DALEPOINT ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDEPENDENCE OH	1.4 CITY-ST-ZIP	
TITLE	VD PODOJIL, THOMAS J.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODOJIL, THOMAS J.	2.2 NAME	
STREET ADDRESS	3353 TREELAWN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	RICHFIELD OH	2.4 CITY-ST-ZIP	
TITLE	TD EDWARD M. PASCHKE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD M. PASCHKE	3.2 NAME	
STREET ADDRESS	8320 CHESTNUT BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADVIEW HTS OH	3.4 CITY-ST-ZIP	
TITLE	VD PODOJIL, RAMOND P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODOJIL, RAMOND P	4.2 NAME	
STREET ADDRESS	8319 GREAT OAKS PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDEPENDENCE OH	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE: Edward M. Paschke Edward M. Paschke **3-5-97** **216-526-0600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011116

CFR2034 (9/96)