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Apr 04 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 # P36467 (9)
1. Corporation Name
SELMAN & COMPANY



Principal Place of Business: 24400 CHAGRIN BOULEVARD BEACHWOOD OH 44122
Mailing Address: 24400 CHAGRIN BOULEVARD BEACHWOOD OH 44122-5632

3. Date Incorporated or Qualified: 11/25/1991
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business
21 6110 Parkland Blvd
Suite, Apt. #, etc.
22
City & State: Mayfield Hts, OH
23
Zip: 44124-4187
Country: Cuyahoga
24
25 Cuyahoga
26 6110 Parkland Blvd
Suite, Apt. #, etc.
27
City & State: Cleveland, OH
28
Zip: 44124-4187
Country: Cuyahoga
29
30 Cuyahoga

4. FEI Number: 31-0984218
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

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND RD., PLANTATION FL 33324
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 (FL)

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's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PCD NAME: SELMAN, JOHN L. STREET ADDRESS: 24400 CHAGRIN BLVD. CITY-ST-ZIP: BEACHWOOD OH	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: Selman, John L. 1.3 STREET ADDRESS: 6110 Parkland Blvd 1.4 CITY-ST-ZIP: Cleveland, OH 44124	
TITLE: VD NAME: SELMAN, JILL W. STREET ADDRESS: 24400 CHAGRIN BLVD. CITY-ST-ZIP: BEACHWOOD OH	<input type="checkbox"/> DELETE	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: Selman, Jill W. 2.3 STREET ADDRESS: 6110 Parkland Blvd 2.4 CITY-ST-ZIP: Cleveland, OH 44124	
TITLE: S NAME: COSENTINO, LEONARD M. STREET ADDRESS: 24400 CHAGRIN BLVD CITY-ST-ZIP: BEACHWOOD OH	<input type="checkbox"/> DELETE	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: Cosentino, Leonard M. 3.3 STREET ADDRESS: 6110 Parkland Blvd 3.4 CITY-ST-ZIP: Cleveland, OH 44124	
TITLE: T NAME: WESOLOWSKI, GLORIA STREET ADDRESS: 24400 CHAGRIN BLVD. CITY-ST-ZIP: BEACHWOOD OH	<input type="checkbox"/> DELETE	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: Wesolowski, Gloria 4.3 STREET ADDRESS: 6110 Parkland Blvd 4.4 CITY-ST-ZIP: Cleveland, OH 44124	
TITLE: V NAME: CYR, RICHARD W. STREET ADDRESS: 24400 CHAGRIN BOULEVARD, SUITE 300 CITY-ST-ZIP: BEACHWOOD OH 44122	<input type="checkbox"/> DELETE	5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: Cyr, Richard W. 5.3 STREET ADDRESS: 6110 Parkland Blvd 5.4 CITY-ST-ZIP: Cleveland, OH 44124	
TITLE: V NAME: SELMAN, DAVID L. STREET ADDRESS: 24400 CHAGRIN BLVD CITY-ST-ZIP: BEACHWOOD OH	<input type="checkbox"/> DELETE	6.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: Selman, David L. 6.3 STREET ADDRESS: 6110 Parkland Blvd 6.4 CITY-ST-ZIP: Cleveland, OH 44124	

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, changed, or on an attachment with an address.

SIGNATURE: *Leonard M. Cosentino* Leonard M. Cosentino 3/28/97 216-646-9336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)