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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.

2a. Mailing Address
26 **6110 Parkland Blvd**
Suite, Apt. #, etc.

4. FEI Number **31-0984218**
Applied For
Not Applicable

22
City & State

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

23 **Mayfield Hts, OH**
City & State

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

24 **44124-4187** 25 **Cuyahoga**
Zip Country

28 **Cleveland, OH**
City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

29 **44124-4187** 30 **Cuyahoga**
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

PCD
SELMAN, JOHN L.
24400 CHAGRIN BLVD.
BEACHWOOD OH

VD
SELMAN, JILL W.
24400 CHAGRIN BLVD.
BEACHWOOD OH

S
COSENTINO, LEONARD M.
24400 CHAGRIN BLVD
BEACHWOOD OH

T
WESOLOWSKI, GLORIA
24400 CHAGRIN BLVD.
BEACHWOOD OH

V
CYR, RICHARD W.
24400 CHAGRIN BOULEVARD, SUITE 300
BEACHWOOD OH 44122

V
SELMAN, DAVID L.
24400 CHAGRIN BLVD
BEACHWOOD OH

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Selman, John L
6110 Parkland Blvd
Cleveland, OH 44124

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Selman, Jill W.
6110 Parkland Blvd
Cleveland, OH 44124

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Cosentino, Leonard M.
6110 Parkland Blvd
Cleveland, OH 44124

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Wesolowski, Gloria
6110 Parkland Blvd
Cleveland, OH 44124

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Cyr, Richard W.
6110 Parkland Blvd
Cleveland, OH 44124

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Selman, David L.
6110 Parkland Blvd
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)