

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

FILED
May 07 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 # P39263 (9)

1. Corporation Name
THE RESERVES NETWORK, INC.



Principal Place of Business 25000 GRT NORTHERN CORP. CENTER #140 NORTH OLMSTED OH 44070	Mailing Address 25000 GRT NORTHERN CORP. CENTER #140 NORTH OLMSTED OH 44070-5320
---------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified 06/16/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 34-1523441	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 22021 Brookpark Rd Suite, Apt. #, etc.	2a. Mailing Address 26 22021 Brookpark Suite, Apt. #, etc.
22 Suite 220 City & State	27 Suite 220 City & State
23 Farmers Pk, Ohio Zip Country	28 Farmers Pk Ohio Zip Country
24 44126	29 44126

9. Name and Address of Current Registered Agent

GUCWA, RICHARD G
6428 WEST COLONIAL DRIVE
ORLANDO FL 32818

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 607.1506, 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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	STALLARD, DONALD L.	
STREET ADDRESS	25000 GREAT NORTH. CORP.	
CITY- ST- ZIP	N. OLMSTEAD OH	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	GERRITY, AMY	
STREET ADDRESS	25000 GREAT NORTH. CORP.	
CITY- ST- ZIP	N. OLMSTEAD OH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KRIEG, DIANE L.	
STREET ADDRESS	25000 GREAT NORTH. CORP.	
CITY- ST- ZIP	N. OLMSTEAD OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GUCWA, RICHARD G.	
STREET ADDRESS	25000 GREAT NORTH. CORP.	
CITY- ST- ZIP	N. OLMSTEAD OH	
TITLE		<input type="checkbox"/> DELETE
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 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 on an attachment with an address.

SIGNATURE: Richard G Gucwa **Richard G Gucwa** 5/28/97 **216-779-1400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)