

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V67560** (5)

1. Corporation Name  
**P. N. MANAGEMENT COMPANY**



Principal Place of Business: C/O I.F.D. 777 YAMATO ROAD, #135 BOCA RATON FL 33431 US  
Mailing Address: C/O I.F.D. 777 YAMATO ROAD, #135 BOCA RATON FL 33431 US

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22	27	City & State	
23	28	City & State	
24	29	Zip	Country
	30	Zip	Country

3. Date Incorporated or Qualified <b>09/30/1992</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEL Number <b>65-0357316</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C/O I.F.D. 777 YAMATO ROAD SUITE 135 BOCA RATON FL 33431				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and block if applicable. (Not Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit on
NAME	ELRAD, MARTIN H	1.2 NAME	
STREET ADDRESS	777 YAMATO ROAD, SUITE 135	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERCHEK, JAMES R	2.2 NAME	
STREET ADDRESS	31200 SOLON RD #5	2.3 STREET ADDRESS	1320 HANNA BUILDING
CITY-ST-ZIP	SOLON OH	2.4 CITY-ST-ZIP	CLEVELAND, OH 44115
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERCHEY, JAMES R.	3.2 NAME	
STREET ADDRESS	31200 SOLON RD #5	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOLON OH	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *James R. Herchek* James R. Herchek 3-27-96 216-861-1100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Exp: ) (Outside Phone #)

CR2E034 (12/95)