

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P36467** (9)

1. Corporation Name
SELMAN & COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 11:43

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

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/25/1991	03/24/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		31-0984218	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		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 checked="" type="checkbox"/> No	

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		85
				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 _____ DATE _____
Signature, typed or printed name of registered agent (and title if applicable) NOTE: Registered Agent signature required when reappointing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELMAN, JOHN L.	12 NAME	
STREET ADDRESS	24400 CHAGRIN BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	BEACHWOOD OH	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELMAN, JILL W.	22 NAME	
STREET ADDRESS	24400 CHAGRIN BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	BEACHWOOD OH	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSENTINO, LEONARD M.	32 NAME	
STREET ADDRESS	24400 CHAGRIN BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	BEACHWOOD OH	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESOLOWSKI, GLORIA	42 NAME	
STREET ADDRESS	24400 CHAGRIN BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	BEACHWOOD OH	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYR, RICHARD W.	52 NAME	
STREET ADDRESS	24400 CHAGRIN BOULEVARD, SUITE 300	53 STREET ADDRESS	
CITY-ST-ZIP	BEACHWOOD OH 44122	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELMAN, DAVID L.	62 NAME	
STREET ADDRESS	24400 CHAGRIN BLVD	63 STREET ADDRESS	
CITY-ST-ZIP	BEACHWOOD OH	64 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 110.07(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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: *Leonard M. Cosentino* March 29, 1995 216-292-4499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone)