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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CLEVELAND PROCESS CORP

FILED Mar 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 100121 10110 11002 11111 10001 10105 1111 01	8		
127 S.W. 5TH AVENUE 127 S.W. 5TH AVENUE HOMESTEAD FL 33030 HOMESTEAD FL 33030						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 12/08/1969			
2. Principal Place of Business 2a. M			Mailing Address			4. FEI Number	A	pplied For	
21						34-0811587		lot Applicable	
22 27			Apt. #, etc.			5. Certificate of Status Desired		Additional Required	
City & State City & State 28			ate			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country Zip		٦ ١		8. This corporation owes or has paid to				
24	25 29 30			Personal Property Tax due June 30. Yes No					
	9. Name and Address of Curr	ent Registered Ag	10. Name and Address of New Regis	iered Agent					
	ARBIN, EVAN ESQUIRE			81	Name				
48 EAST FLAGLER STREET PENTHOUSE 104				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
MI	AMI FL 33131			63					
				84	City		FL	Code	
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob-	ite of Florida, Such i	change was auti	horized by	the corpora	poration submits this statement for the purp tion's board of directors. I hereby accept the	ose of changing se appointment as	its registered s registered	
SIGNATURE	Stgnature, typod or printed name of registered					ired when reinstating)	DATE		
12.		ND DIRECTORS	, , , , , , , , , , , , , , , , , , , ,	13.		ADDITIONS/CHANGES TO OFFICER		RS IN 12	
TITLE	PO		DELETE	1.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME	LEFEBVRE, FREDERICK, JI	₹.	i	1.2 NAME	j				
STREET ADDRESS	127 S.W. 5 AVENUE			1.3 STREET	ADDRESS				
ÇITY-ST-ZIP	HOMESTEAD FL 33030			1.4 CITY - S	iT-ZIP				
TITLE	VO DELETE		2.1 TITLE			Change	Addition		
NAME	LEFEBVRE, CRYSTAL			22 NAME					
STREET ADDRESS	127 S.W. 5 AVENUE			2.3 STREET ADDRESS				İ	
CITY-ST-ZIP	HOMESTEAD FL 33030			2 4 CITY-	ST-ZIP				
TITLE	STD	Ī	DELETÉ	3.1 TITLE			Change	Addition	
NAME	LEFEBVRE, EMILY			3.2 NAME				ļ	
STREET ADDRESS	127 S.W. 5 AVENUE			3.3 STREET	ADDRESS			l	
CITY-ST-ZIP	HOMESTEAD FL 33030			3 4. CITY-	ST-ZIP				
TITLE		ι	DELETE	4.1 TITLE			Change	Addition	
NAME				4. 2 NAME				i	
STREET ADDRESS				4.3 STREET	ADDRESS			1	
CfTY-ST-ZIP				44 CITY-S	T-ZIP				
TITLE			DELETE	5.1 TITLE			Change	Addition	
NAME				5.2 NAME				ł	
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5 4 CiTY-S	T-ZIP				
TITLE		T	DELETE	6.1 TITLE			☐ Change	Addition	
NAME				6.2 NAME				İ	
STREET ADDRESS				63 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY - S	T-ZIP				

14. I 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 supplimental 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 previous or trustee employees 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 indicatement with an oddiess.

SIGNATURE: