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FILED
Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 829395 (3)
1. Corporation Name
RB&W CORPORATION



Principal Place of Business: 1913 US HWY 301N STE 100 TAMPA FL 33619 US
Mailing Address: 23001 EUCLID AVE CLEVELAND OH 44117-1600 US

3. Date Incorporated or Qualified: 01/24/1973
3a. Date of Last Report: 04/29/1996
4. FEI Number: 13-5838573
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 23000 Euclid Ave. 27 Suite, Apt. #, etc.: 28 City & State: 29 Zip: 30 Country: 30

9. Name and Address of Current Registered Agent
OT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name: Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays St.
83
84 City: Tallahassee FL 85 Zip Code: 32301

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.
The registered agent change was already filed in your office on 1-21-97

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, EDWARD F	1.2 NAME	
STREET ADDRESS	6970 WAITE HILL ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WAITE HILLE OH	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, JOHN J	2.2 NAME	
STREET ADDRESS	1730 GOVERNORS WAY	2.3 STREET ADDRESS	15650 Buckland Trail
CITY-ST-ZIP	BLUE BELL PA	2.4 CITY-ST-ZIP	Russell, OH 44072
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARORICK, FELIX J	3.2 NAME	
STREET ADDRESS	7732 TRELAWN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRECKVILLE OH	3.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COZEAN, RONALD J	4.2 NAME	
STREET ADDRESS	2032 WREN HAVEN DRIVE	4.3 STREET ADDRESS	6809 Mayfield Road #563
CITY-ST-ZIP	HUDSON OH	4.4 CITY-ST-ZIP	Mayfield Heights, OH 44124
TITLE	VTD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, JAMES S.	5.2 NAME	
STREET ADDRESS	22863 LARAMIE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKY RIVER OH	5.4 CITY-ST-ZIP	
TITLE	VGM <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARENA, ANDREW A.	6.2 NAME	
STREET ADDRESS	9921 CYPRESS CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD TWP OH	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: _____ Secretary Ronald J. Cozean 1-14-97 216-692-7066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)