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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **829395**

1. Corporation Name
RB&W CORPORATION



Principal Place of Business
 1913 US HWY 301N
 STE 100
 TAMPA FL 33619
 US

Mailing Address
 23000 EUCLID AVE
 CLEVELAND OH 44117
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/24/1973

4. FEI Number
13-5638573

Applied For
 Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS ST
 TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CRAWFORD, EDWARD F	
STREET ADDRESS	6970 WAITE HILL ROAD	
CITY-ST-ZIP	WAITE HILLE OH	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CRAWFORD, MATTHEW V	
STREET ADDRESS	2043 RANDOM RD STE 309	
CITY-ST-ZIP	CLEVELAND OH 44106	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TARORICK, FELIX J	
STREET ADDRESS	7732 TREELAWN DRIVE	
CITY-ST-ZIP	BRECKSVILLE OH	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	COZEAN, RONALD J	
STREET ADDRESS	6809 MAYFIELD RD #563	
CITY-ST-ZIP	MAYFIELD HEIGHTS OH	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	WALKER, JAMES S.	
STREET ADDRESS	22863 LARAMIE DRIVE	
CITY-ST-ZIP	ROCKY RIVER OH	
TITLE	VGM	<input type="checkbox"/> DELETE
NAME	ARENA, ANDREW A.	
STREET ADDRESS	9921 CYPRESS CIRCLE	
CITY-ST-ZIP	CONCORD TWP OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COZEAN, RONALD J.	
1.3 STREET ADDRESS	9750 SMITH ROAD	
1.4 CITY-ST-ZIP	WAITE HILL, OH 44094	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WALKER, JAMES S.	
2.3 STREET ADDRESS	22863 LARAMIE DRIVE	
2.4 CITY-ST-ZIP	ROCKY RIVER OH 44110	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ARENA, ANDREW A.	
3.3 STREET ADDRESS	9921 CYPRESS CIRCLE	
3.4 CITY-ST-ZIP	CONCORD TWP, OH	
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 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, with all other like empowered.

SIGNATURE: *Ronald J. Cozean* **RONALD J. COZEAN** 3-19-99 216 692 7200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)