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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 833393 (2)

1. Corporation Name

FABRI-CENTERS OF AMERICA, INC.



Principal Place of Business

Mailing Address

P.O. BOX 2550  
5555 DARROW ROAD  
HUDSON OH 44236-4011

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5555 DARROW ROAD  
HUDSON OH 44236-4011

3. Date Incorporated or Qualified

11/21/1974

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 the filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
V THOMPSON, ROSALIND  
STREET ADDRESS  
2556 TRAYMORE RD  
CITY-ST-ZIP  
UNIVERSITY HTS OH

TITLE ☐ DELETE

NAME  
ST ROSSKAMM, BETTY  
STREET ADDRESS  
75 CABLENOLL LANE  
CITY-ST-ZIP  
MORELAND HILLS OH

TITLE ☒ DELETE

NAME  
V NORTON, ROBERT  
STREET ADDRESS  
220 FOX HOLLOW DRIVE #201  
CITY-ST-ZIP  
MAYFIELD HEIGHTS OH

TITLE ☐ DELETE

NAME  
C ROSSKAMM, ALAN  
STREET ADDRESS  
2605 BUTTERNUT LANE  
CITY-ST-ZIP  
PEPPER PIKE OH

TITLE ☐ DELETE

NAME  
T PICCIRILLO, FRANCIS C.  
STREET ADDRESS  
50 GREAT OAK  
CITY-ST-ZIP  
HUDSON OH

TITLE ☐ DELETE

NAME  
D KRASNEY, SAMUEL  
STREET ADDRESS  
25700 SCIENCE PARK DR. #300  
CITY-ST-ZIP  
BEACHWOOD OH

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 supplementary 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 registered agent 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCIS C. Piccirillo

(216) 656-2600

APR 20 1996

CR2E034 (12/95)