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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

l	IAL REPORT 1998	Secreta	ary of State CORPORATIONS	Secretary of State
	MENT # 83720 RR-STANDARD OF MARYL	` '		
Principal Place 4800 EAST 13 CLEVELAND C	IST STREET	Mailing Address 4800 EAST 131ST STREI CLEVELAND OH 44105	ET	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
2. Principal Pl	ace of Business	2a. Mailing Address		10/18/1976 4. FEI Number Applied For S2-0797364 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		Certificate of Status Desired \$8.75 Additional Fee Regulred
City & State		City & State	T-11	8. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25 9. Name and Address of Curre	Zip 29 ant Registered Agent	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 \$ PINE ISLAND RD PLANTATION FL 33324			81 Name 82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptable) FL 85 Zip Code
office or re agent. I ar SIGNATURE	egistered agent, or both, in the Sta n familiar with, and accept the obli	to of Florida. Such change was gations of, Section 607.0505, Fl	authorized by the corpora orida Statutes.	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
12.	Signature, typed or printed name of registered a OFFICERS A	gont and title if applicable (NOT ND DIRECTORS	E: Registered Agent signature requ	uned when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRF OTORS IN 12
TITLE NAME STREET ADORESS	CPC BAYMAN, JAMES L 4800 EAST 131ST STREET CLEVELAND OH	DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	[i] change
CITY-ST-ZIP TITLE NAME STREET ADORESS	GOODGER, JOHN V 4800 EAST 131ST STREET CLEVELAND OH 44105	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	S PAPENBROCK, WILLIAM A 800 SUPERIOR AVE SUITE CLEVELAND OH 44114	□ DELETE	2. 4 CIIY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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. 2/10/08

2110-587-721-00

FILED

Mar 26 1998 8:00am