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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 837203

Principal Place of Business	Mailing Address	
1800 East 131st street Cleveland oh 44105	4800 EAST 131ST STREET CLEVELAND OH 44105	

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90267 023 ***150.00

1. Corporatio	n Name				1		
PIONEE	R-STANDARD OF MARYLANI	D, INC.					
					A HORREN HALLON HALL BEARD HALL BEARD HALL BEARD	DODO BIJOR DODO B	1 3 17 3 1731 7331
{							
Principal Plac	e of Business	Mailing Address			- F 100 125 101 100 111 100 110	Albit bioli dibit d	INIC BIRTI CON
4800 EAST 131ST STREET 4800 EAST 131ST STREET							
CLEVELAND OH 44105 CLEVELAND OH 44105							
1					DO NOT WRITE IN THIS	S SPACE	
1					3. Date incorporated or Qualifed		
<u> </u>	Harris of During	A Marillan Address			10/18/1976 4. FEI Number		
	lace of Business	2a. Mailing Address				⊢	plied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		-	52-0797364	\$8.75 A	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certifcate of Status Desired		quired	
City & Stat	te .	City & State			6. Election Campaign Financing	\$5.00	`
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Countr	у	8. This corporation owes the current year in		
24	25	29	30		Personal Property Tax.	•.	□No
	9. Name and Address of Current				10. Name and Address of New Registered	Agent	
		·	81	Name			
	CORPORATION SYSTEM		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	S PINE ISLAND RD			Olicer Addit	sas (i .O. box intimber is into Acceptable)		Ì
j Pla i	NTATION FL 33324		83	3			
j			84	City		85 Zip C	ode
			•	City	. FL	_ 35 210 0	, ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abov	re-named corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	f changing its o	registered
office or n	egistered agent, or both, in the State of	r Flonda. Such change was au	ithorized by	/ the corporatio	in's board of directors. I hereby accept the appo	antment as reg	istered i
ayon, a	ili latililai witi, aliu accept tile obligati	ons of, Section 607.0505, Flori	da Statutes	ʻs.			
_	in tamilai with, and accept the obligati	ons of, Section 607.0505, Flori	ida Statutes	s. '			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:		5. ent signature required			
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Age	5.			RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Age 13.	snt signature required	d when reinstating) DATE	ND DIRECTOR	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND CPC BAYMAN, JAMES L	and title if applicable. (NOTE: DIRECTORS	Registered Age	snt signature required	d when reinstating) DATE		RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND CPC BAYMAN, JAMES L 4800 EAST 131ST STREET	and title if applicable. (NOTE: DIRECTORS	13. 1.1 TITLE 1.2 NAME	snt signature required	d when reinstating) DATE		RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND CPC BAYMAN, JAMES L	and title if applicable. (NOTE: DIRECTORS DELETÉ	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5	s. And signature required T ADDRESS	d when reinstating) DATE	☐ Change	RS IN 12
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

REQUIRED.P.