

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 838896 (9)

1. Corporation Name

PREMIERCO SERVICE CORPORATION



Principal Place of Business

4500 EUCLID AVE
CLEVELAND OH 44103

Mailing Address

4500 EUCLID AVE
CLEVELAND OH 44103

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current 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

3. Date Incorporated or Qualified
08/08/1977

3a. Date of Last Report
04/26/1995

4. FEI Number
34-1149285

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature, type or print name of registered agent and title if applicable

(If filer is Registered Agent, sign name and print address of filer)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
D	MANDEL, MORTON L.	4415 EUCLID AVE.	CLEVELAND OH	☐
VS	FRANK HOWARD P	4500 EUCLID AVE	CLEVELAND OH	☐
D	SIMMS, PHILIP S.	4500 EUCLID AVE.	CLEVELAND OH	☐
S	VLOEK, JOHN M (ASST)	4415 EUCLID AVE.	CLEVELAND OH	☐
D	MANDEL, JOSEPH C.	4415 EUCLID AVE.	CLEVELAND OH	☐
D	MANDEL, JACK N.	4415 EUCLID AVE.	CLEVELAND OH	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	1.5 DELETE	1.6 CHANGE	1.7 ADDITION
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	☐	☐	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	☒	☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	☐	☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	☐	☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	☐	☐	☐

SIMS, PHILIP S.

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M. VLOEK

1-18-96

216-361-4173

CR2E034 (12/95)