

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

FILED

Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **843035** (7)

1. Corporation Name
PALMER COURSE DESIGN COMPANY

Principal Place of Business
**1 ERIEVIEW PLAZA
SUITE 1300
CLEVELAND OH 44114-8782**

Mailing Address
**1 ERIEVIEW PLAZA
SUITE 1300
CLEVELAND OH 44114-8782**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 IMG CENTER Suite, Apt. #, etc. 22 SUITE 100, 1360 E. 9TH ST. City & State 23 CLEVELAND, OHIO Zip 24 44114-1782		2a. Mailing Address 26 IMG CENTER Suite, Apt. #, etc. 27 SUITE 100, 1360 E. 9TH ST. City & State 28 CLEVELAND, OHIO Zip 29 44114-1782		3. Date Incorporated or Qualified 04/17/1979	
		4. FEI Number 34-0896816		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEAY, EDWIN B		1.2 NAME	
STREET ADDRESS 1 ERIEVIEW PLAZA #1300		1.3 STREET ADDRESS IMG CENTER, SUITE 100, 1360 E. 9TH ST.	
CITY-ST-ZIP CLEVELAND, OHIO 00000		1.4 CITY-ST-ZIP CLEVELAND, OHIO 44114-1782	
TITLE T	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZUGAY, JACK		2.2 NAME	
STREET ADDRESS 1 ERIEVIEW PLAZA #1300		2.3 STREET ADDRESS IMG CENTER, SUITE 100, 1360 E. 9TH ST.	
CITY-ST-ZIP CLEVELAND, OHIO 00000		2.4 CITY-ST-ZIP CLEVELAND, OHIO 44114-1782	
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PALMER, ARNOLD D		3.2 NAME	
STREET ADDRESS 1 ERIEVIEW PLAZA #1300		3.3 STREET ADDRESS IMG CENTER, SUITE 100, 1360 E. 9TH ST.	
CITY-ST-ZIP CLEVELAND, OHIO 00000		3.4 CITY-ST-ZIP CLEVELAND, OHIO 44114-1782	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCORMACK, MARK H		4.2 NAME	
STREET ADDRESS 1 ERIEVIEW PLAZA #1300		4.3 STREET ADDRESS IMG CENTER, SUITE 100, 1360 E. 9TH ST.	
CITY-ST-ZIP CLEVELAND, OHIO 00000		4.4 CITY-ST-ZIP CLEVELAND, OHIO 44114-1782	
TITLE SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAFAYE, ARTHUR J, JR		5.2 NAME	
STREET ADDRESS 1 ERIEVIEW PLAZA #1300		5.3 STREET ADDRESS IMG CENTER, SUITE 100, 1360 E. 9TH ST.	
CITY-ST-ZIP CLEVELAND, OHIO 00000		5.4 CITY-ST-ZIP CLEVELAND, OHIO 44114-1782	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Jack Zugay

JACK ZUGAY TREASURER

3/11/98

(216) 522-1200

CP2E034 (10/97)