

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 # 850267 (6)

1. Corporation Name

CENTRAL LAND CORPORATION



Principal Place of Business

ONE ERIEVIEW PLAZA - 2ND FLOOR  
CLEVELAND OH 44114

Mailing Address

ONE ERIEVIEW PLAZA - 2ND FLOOR  
CLEVELAND OH 44114

3. Date Incorporated or Qualified

09/02/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

34-1084449

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

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

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 filing officer

NOTE: Registered Agent Signature required when not applicable

DATE

12. OFFICERS AND DIRECTORS

|                 |                      |                                 |
|-----------------|----------------------|---------------------------------|
| TITLE           | VMD -A               | <input type="checkbox"/> DELETE |
| NAME            | BRYAN, WILLIAM R.    |                                 |
| STREET ADDRESS  | 1 ERIEVIEW PLAZA     |                                 |
| CITY - ST - ZIP | CLEVELAND OH         |                                 |
| TITLE           | P                    | <input type="checkbox"/> DELETE |
| NAME            | WILCOX, DAVID Y.     |                                 |
| STREET ADDRESS  | 1 ERIEVIEW PLAZA     |                                 |
| CITY - ST - ZIP | CLEVELAND OH         |                                 |
| TITLE           | T                    | <input type="checkbox"/> DELETE |
| NAME            | MYERS, SANDRA L.     |                                 |
| STREET ADDRESS  | 1 ERIEVIEW PLAZA     |                                 |
| CITY - ST - ZIP | CLEVELAND OH         |                                 |
| TITLE           | S                    | <input type="checkbox"/> DELETE |
| NAME            | STEINMETZ, ROBERT F. |                                 |
| STREET ADDRESS  | 1 ERIEVIEW PLAZA     |                                 |
| CITY - ST - ZIP | CLEVELAND OH         |                                 |
| TITLE           | AS                   | <input type="checkbox"/> DELETE |
| NAME            | WACHTER, CYNTHIA M.  |                                 |
| STREET ADDRESS  | 1 ERIEVIEW PLAZA     |                                 |
| CITY - ST - ZIP | CLEVELAND OH         |                                 |
| TITLE           |                      | <input type="checkbox"/> DELETE |
| NAME            |                      |                                 |
| STREET ADDRESS  |                      |                                 |
| CITY - ST - ZIP |                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY - ST - ZIP |   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |   |
| 33 STREET ADDRESS  |   |
| 34 CITY - ST - ZIP |   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |   |
| 63 STREET ADDRESS  |   |
| 64 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 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:

Sandra L. Myers TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

216-348-6172

DATE OF FILING

CR2E034 (12/95)