FILE	NOW: FILING FEE	AFTER MAY 1 IS	\$ \$225.00			
F COR ANNU	PROFIT PORATION IAL REPORT 1996	FLORIDA DEPAR Sandra B Secretar	TMENT OF STATE Mortham y of State CORPORATIONS			
DOCUN 1. Corporation	MENT # 85735	8 (6)				
•	FLORIDA, INC. OF OHIO				I 1881AI ABIRA BINNI ARABE ANGI BI	IEN TOON ONDEN ONDEN ENDEN ONDEN ONDEN ONDEN SOOK
Principal Place of Business Mailing Address				\dashv		
ATTN: LEGAL DEPT. 30003 BAINBRIDGE ROAD SOLON OH 44139-2205 ATTN: TAX DEPT 80003 BAINBRIDGE ROAD SOLON OH 44139-2205			AD Comment			
		US			3. Date Incorporated or Qualified 08/09/1983	3a. Date of Last Report 03/31/1995
2. Principal Pla 21	ce of Business	2a. Mailing Address 26 5 High R	idge Park	_	4. FEI Number 34-1392455	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #; etc.	. j.	_	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	1 CT		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Z _I p 24	Country 25	Zip Co	Country 30		8. This corporation has liability for	intangible tax under s 199.032,
24 25 29 0 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
1200 S. PLANTA	RPORATION SYSTEM PINE ISLAND ROAD TION FL 33324 The provisions of Sections 607.0502	and 607.1508, Florida Statutes,	83 84 City	ovnoratio	(P.O. Box Number is Not Acceptated in the polynomial of the purpose submits this statement for the purpose submits this statement for the purpose submits the purpose	FL 85 Zip Code
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. It am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when renstating) DATE						
12.	olgnature, typed or printed name of registered agent		Registered Agent signature re	required wh	en reinstating) ADDITIONS/CHANGES TO OFF	DATE
TIFLE	PD	DELETE	1. 1 TITLE	T	ADDITIONS/ORANGES TO OLI	Change Addition
NAME STREET ADDRESS	CONWAY, MARY F. 30003 BAINBRIDGE ROAD		1.2 NAME 1.3 STREET ADDRESS			C orange C reconst.
CiTY - ST - ZiP	SOLON OH		1.4 CITY-ST-ZIP			
THLE	D	DELETE	2 1 TITLE			Change Addition
NAME	CORTI MARIO A	~	2 2 NAME			U
STREET ADDRESS	800 N BRAND BLVD		23 STREET ADDRESS			
City - St - ZiP	GLENDALE CA		24 CITY-ST-ZIP			
TITLE	S	☐ DELETE	3 1 TITLE			Change Addition
NAME	WYATT, JACK D.		3 2 NAME	1		
STREET ADDRESS	30003 BAINBRIDGE ROAD		3.3. STREET ADDRESS			
CITY-ST-ZIP	SOLON OH		3.4 CITY - ST - ZIP			
TITLE	AS DHIA MADY LEE	DELETE	4. 1 TITLE			☐ Change ☐ Addition
NAME	PILLA, MARY LEE		4.2 NAME			
STREET ADDRESS	30003 BAINBRIDGE ROAD SOLON OH		4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	VPTD	[] DELETE	4.4 CITY - ST - ZIP			
NAME	JALEN KENNETH L	☐ DELETE	5 (11112)	ν,	T,D	Change 🔲 Addition
STREET ADDRESS	30003 BAINBRIDGE RD		5.2 NAME 5.3 STREET ADDRESS			
Crity-St-ZiP	SOLON OH		5.4 CITY-ST-ZIP			
			will ken			

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 opporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if or larged, or on an attachment with an address.

6 1 TITLE

6 2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

J.B. WYATT

DELETE

Security

4/12/96 (216)349-5757

☐ Change ☐ Addition