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AND
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96 MAY 21 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F03267 (4)

1. Corporation Name

METALWORKING INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

P.O. BOX 187
CORTLAND OH 44410

P.O. BOX 187
CORTLAND OH 44410

2. Principal Place of Business

2a. Mailing Address

21 26949 CHAGRIN BLVD.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 101

27

City & State

City & State

23 CLEVELAND OH

28

Zip

Country

Zip

Country

24 44122

25

CUYAHOGA

29

30

3. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/17/1980

3a. Date of Last Report

01/09/1996

4. FEI Number

59-2106019

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

C T CORPORATION SYSTEM
1200 SOUTH 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

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

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

5-21-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME SIEGEL, SAUL
STREET ADDRESS 2572 CEDARWOOD ROAD
CITY-ST-ZIP PEPPER PIKE OH 44124-4248

□ DELETE

TITLE
NAME HEFFERNAN, HILDY E.
STREET ADDRESS 108 ESTATES DRIVE
CITY-ST-ZIP MCMURRAY PA 15317

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

□ Change □ Addition

100001832791

05/21/96-01124-001

***233.75 ***233.75

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

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:

HILDY E. HEFFERNAN

5/16/96

Daytime Phone #

CR2E034 (12/95)