FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F92000000019 (1)**

1. Corporation Name
SQUIRES HAVEN, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 604155 CLEVELAND OH 44105 US	POST OFFICE BOX 604155 CLEVELAND OH 44104 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/28/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: County — 25:
Zip — 29: County — 30:

4. FEI Number: **34-1698015** ☐ 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 intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT	11 TITLE	☐ Change ☐ Addition
NAME	SCOTT, WILLIAM H	12 NAME	
STREET ADDRESS	3559 E 105TH	13 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	14 CITY-ST-ZIP	
TITLE	DVP	21 TITLE	DVP ☑ Change ☐ Addition
NAME	WILLIAMS, LEWIS	22 NAME	SCOTT WILLIAM H
STREET ADDRESS	3325 ERIN STREET	23 STREET ADDRESS	3559 E 105TH
CITY-ST-ZIP	CLEVELAND OH 44113	24 CITY-ST-ZIP	CLEVELAND OH 44105
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	FOSTON, SHELLY R	32 NAME	
STREET ADDRESS	3558 E. 105TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44105	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: William H Scott Pres 4-26-95 216 441-4107
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGED OFFICER OR DIRECTOR — Date — Daytime Phone #

0484480 FP

F92-19

MINUTES OF ANNUAL DIRECTOR'S MEETING

SQUIRES HAVEN, INC.

JUNE, 1994

The undersigned, who are all of the directors of Squires Haven, Inc. hereby waive notice of and consent to a directors meeting held on June , 1994, at the principal office located at Cleveland, Ohio. The following are the minutes of said meeting and consent to the following actions:

1. That the officers of Squires Haven, Inc. shall be re-elected to an additional three-year term as follows:

William Scott, President
William Scott, Vice-President
Shelley Ray Foston, Secretary
William Scott, Treasurer

William H. Scott

William Scott, Sole Director

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RESIGNATION

I, LEWIS WILLIAMS, hereby resign as a director and vice-president of Squires Haven, Inc.

Lewis Williams
LEWIS WILLIAMS

DATE 6-10-94