ИИА	PROFIT PROPORATION UAL REPORT 1996	Sa S DIVISION	DEPARIMENT OF STATE andra B. Mortham ecretary of State N OF CORPORATIONS		
1. Corporation TWI-E Principal Place ONE ERIEN	BRADENTON, INC.	Mailing Address ONE ERIEVIEW F	PLAZA. #1300		
2. Principal P	lace of Business	2a. Mailing Address		Date Incorporated or Qualified 05/12/1993 FEI Number	04/18/1995
1		26		31-1376149	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	0.	5. Certificate of Status Desired	\$8.75 Additional
City & Stat	e	City & Stale		6. Election Campaign Financing	Fee Hequired
3] Zip	Country	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
4]	25	Zip 29	Country 30	This corporation has liability fo Florida Statutes	r intangible tax under s 199,032, is No
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New	
1200 S	RPORATION SYSTEM OUTH PINE ISLAND ROAD ATION FL 33324		83	dress (P.O. Box Number is Not Accepta	ble)
11. Pursuant or register	to the provisions of Sections 607,0502	and 607.1508, Florida St.	84 City	oration submits this statement for the pu	FL 85 Zip Code
11. Pursuant or register familiar wi SIGNATURE	to the provisions of Sections 607.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Section Shouther treat or retited pages of sections as	on 607.0505, Florida Stati	atutes, the above named corporation's boautes.	и о опостоя. Тногору асхору тте ару	
BIGNATURE	in, and accept the obligations of, Section Standard, typed or proted name of registeric agent a OFFICERS AND	on 607.0505, Florida Stati	atutes, the above named corpo	id when reinstating.	prose of changing its registered office cointment as registered agent. I am
BIGNATURE	In, and accept the obligations of, Section Standard, typed or protect name of registeric agent a OFFICERS AND DP	on 607.0505, Florida Stati	atutes, the above named corporation's bootes. (NOTE: Begistered Agent signature require	id when reinstating.	prose of changing its registered office cointment as registered agent. I am
iamilar w	in, and accept the obligations of, Section Standard, typed or proted name of registeric agent a OFFICERS AND	on 607.0505, Florida Stati not tale it applicable DIRECTORS	atutes, the above-named corporation's boautes. (NOTE: Registered Agent signature racking to the corporation of the corporation	id when reinstating.	prose of changing its registered office cointment as registered agent. I am
SIGNATURE 12. 12. 13. 14. 15. 16. 16. 17. 16. 17. 17. 17. 17	Strature, typed or protect name of registered agent a OFFICERS AND DP MCCORMACK, MARK A ONE ERIEVIEW PLAZA, #1300 CLEVELAND OH 44114 DVS	on 607.0505, Florida Stati not tale it applicable DIRECTORS	atutes, the above-named corporation's boautes. (NOTE: Registered Agent signature required 1.1 Title 1.2 NAME	id when reinstating.	DATE FICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE _ 12. TILE NAME STREET ADDRESS	Signature, typed or printed name of registeric agent a OFFICERS AND DP MCCORMACK, MARK A ONE ERIEVIEW PLAZA, #130 CLEVELAND OH 44114 DVS LAFAVE, ARTHUR J JR. ONE ERIEVIEW PLAZA, #1304	on 607.0505, Florida State od tide if appricable DIRECTORS DELETE DELETE	atutes, the above-named corporation's boautes. (NOTE: Registered Agent signature ragelin	id when reinstating.	DATE FICERS AND DIRECTORS IN 12 Change Addition
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