

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # F93000004512 (0)

1. Corporation Name:

FLORIDA DANIA PROPERTIES CORP.



Principal Place of Business

**6140 PARKLAND BLVD.
MAYFIELD HEIGHTS OH 44124**

Mailing Address

**6140 PARKLAND BLVD.
MAYFIELD HEIGHTS OH 44124**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current 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 609.01 and 609.02, 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, Sections 609.01 and 609.02, Florida Statutes.

SIGNATURE:

Signature of Registered Agent

Signature of Officer or Director

12

12. OFFICERS AND DIRECTORS

TITLE

PS

☐ DELETE

NAME

NEHRIG, RALPH L

STREET ADDRESS

6140 PARKLAND BLVD.

CITY, ST, ZIP

MAYFIELD HEIGHTS OH 44124

TITLE

VT

☐ DELETE

NAME

RZICZNEK, FRANK J

STREET ADDRESS

6140 PARKLAND BLVD.

CITY, ST, ZIP

MAYFIELD HEIGHTS OH 44124

TITLE

CD

☐ DELETE

NAME

TOMSICH, ROBERT J

STREET ADDRESS

6140 PARKLAND BLVD.

CITY, ST, ZIP

MAYFIELD HEIGHTS OH 44124

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

SIGNATURE:

Ralph L. Nehrig

RALPH L. NEHRIG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

37. TITLE

38. NAME

39. STREET ADDRESS

40. CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption statute, Section 119.07(2)(a), Florida Statutes. I further certify that the information indicated on this form is not for supplemental agent report only and is accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the individual trustee corporation. I exclude the report as required by Chapter 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an office.

8/17/96 216-461-6000

CR2E034 (12/95)