

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000005295 (1)**

1. Corporation Name

ECONOMY REALTY SERVICES, INC.



Principal Place of Business

Mailing Address

26650 EMERY PARKWAY
CLEVELAND OH 44128

26650 EMERY PARKWAY
CLEVELAND OH 44128

3. Date Incorporated or Qualified
11/19/1993

3a. Date of Last Report
08/14/1995

2. Principal Place of Business

2a. Mailing Address

21 **3791 S GREEN RD**

26 **3791 S GREEN RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **BEACHWOOD OH**

28 **BEACHWOOD OH**

Zip

Country

Zip

Country

24 **44122**

25 **USA**

29 **44122**

30 **USA**

4. FEI Number
34-1724546

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 intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 or director) (required)

Signature (typed or printed name of registered agent) (required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	TEMEL, W. DAVID	
STREET ADDRESS	26650 EMERY PKY.	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	TEMEL, GREGORY P	
STREET ADDRESS	26650 EMERY PKY.	
CITY-ST-ZIP	CLEVELAND OH 44128	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEONETTI, FRANK JR	
STREET ADDRESS	26650 EMERY PKY.	
CITY-ST-ZIP	CLEVELAND OH 44128	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MCCULLOCH, JAMES	
STREET ADDRESS	26650 EMERY PARKWAY	
CITY-ST-ZIP	CLEVELAND OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3791 S GREEN RD
1.4 CITY-ST-ZIP	BEACHWOOD OH 44122
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3791 S GREEN RD
2.4 CITY-ST-ZIP	BEACHWOOD OH 44122
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3791 S GREEN RD
3.4 CITY-ST-ZIP	BEACHWOOD OH 44122
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3791 S GREEN RD
4.4 CITY-ST-ZIP	BEACHWOOD OH 44122
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 subsequent 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 assignee 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 applicable, or on an attachment with an address.

SIGNATURE: *[Signature]* **6/13/96** **(216)464-2118**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)