

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000000592 (5)**

1. Corporation Name
RISCO DEVELOPMENT, INC.

Principal Place of Business 24500 CHAGRIN BOULEVARD, SECOND FLOOR BEACHWOOD OH 44122	Mailing Address 24500 CHAGRIN BOULEVARD, SECOND FLOOR BEACHWOOD OH 44122
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/04/1994	
4. FEI Number 34-1761152	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**RISMAN, WILLIAM B ESO
111 73RD AVENUE
ST PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RISMAN, WILLIAM B	1.2 NAME	Chairman of the Board, Chief Executive
STREET ADDRESS	24500 CHAGRIN BOULEVARD, SECOND FLOOR	1.3 STREET ADDRESS	Officer, and Treasurer
CITY - ST - ZIP	BEACHWOOD OH	1.4 CITY - ST - ZIP	Director
TITLE	PCOD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISMAN, ROBERT R	2.2 NAME	
STREET ADDRESS	24500 CHAGRIN BOULEVARD, SECOND FLOOR	2.3 STREET ADDRESS	
CITY - ST - ZIP	BEACHWOOD OH	2.4 CITY - ST - ZIP	
TITLE	DVS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISMAN, ROBERT G	3.2 NAME	
STREET ADDRESS	24500 CHAGRIN BOULEVARD, SECOND FLOOR	3.3 STREET ADDRESS	
CITY - ST - ZIP	BEACHWOOD OH 44122	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing 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:  04/07/98 (216)464-5130

CR2E034 (1097)