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	Ħ
	77
1 Corporation Name	

F9400000944 (8)

1. Corporation N	arrie						- 1				
WOC IN	IC.										
Principal Place of	Business	M	lailing Address				-	\$ 1881188 MIN 1844 BASK BASK	•		
24480 AUROR			24460 AURORA RD. REDFORD HEIGHTS OF	H 44146							
BEDLOKO HE	IGHTS OH 44146		DEDITORD THE CONTROL					3. Date Incorporated or Qualified	3a. Dat	e of Last F	Report
							ł	02/24/1994	'	05/01/1	995
2. Principal Place of Business			2a. Mailing Address								Applied For
2. Principal Place of Business			26								Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					F Contificate of Status Desired			5 Additional Required
22			27					6. Election Campaign Financing			
City & State			City & State					Trust Fund Contribution	\$5.00 May Be Added to Fees		
23		28	Zip	T Co	ountry			8. This corporation has liability for i	ntangible :	tax under s	199.032,
Zip	Country 25	29	1 ·	30				Florida Statutes 🛛 🛣 Yes	☐ No		
24]	9. Name and Address of Current							10. Name and Address of New R	egistered	Agent	
					81	Name					
CT COR	PORATION SYSTEM				82	Street A	Addres	s (P.O. Box Number is Not Acceptat	ile)		
	PINE ISLAND RD.										<u></u>
	TION FL 33324				83						
					84	City			F	85	Zip Code
					L	l		hard this statement for the pu		honoina ita	registered office
or registere familiar with	the provisions of Sections 607.0502 d agent, or both, in the State of Floric , and accept the obligations of, Secti	ion 60	7.0505, Florida Statutes.		0 0016	0.000		,	ointment a	as registere	ed agent. I am
SIGNATURE	ignature, typod or printed name of registered agent			TE: Registe		nt signature re	equired v	when reinstating) ADDITIONS/CHANGES TO OFF		ND DIREC	TORS IN 12
12.	OFFICERS AN	DDF	ECTORS DELETE		1 TITLE		Γ	7251101010101010101		Chang	
TITLE	DC Waxman, Armond			1	2 NAME						
NAME	24460 AURORA RD.					TADDRESS					
STREET ADDRESS	BEDFORD HEIGHTS OH 44	146			4 CHY-						
CITY-S1-ZIP TITLE	DC		DELETE		1 TITLE					☐ Chang	e 🔲 Addition
NAME	WAXMAN, MELVIN			2.	2 NAME		ļ				
STREET ADDRESS	24460 AURORA RD.			2	3 STREE	1 ADDRESS	ļ				
CITY-ST-ZIP	BEDFORD HEIGHTS OH 44	146		2	4 CITY-	S1 - 71P	L			F7 01	5.7 Addition
TITLE	DST		DELE 1E	3	1 THILE		5	\mathcal{T}	٠ ا	Chang	je 🔀 Addition
NAME	RESTIVO, NEAL R				.2 NAME		M	vichael Vanitus	D ~~.	ا	
STREET ADDRESS	24460 AURORA RD.					et address	13,4	1460 Autora	$\sim 10^{\circ}$	ب الدال	146
CITY-S1-ZIP	BEDFORD HEIGHTS OH 44	1146			4 CITY-		130	dford Heights	רוט	Chang	pe Addition
TITLE	V		☐ DELETE		I. 1 TITLE			*			
NAME	STARR, ROBERT D				2 NAME		1				
STREET ADDRESS	24460 AURORA RD.	1110				ET ADDRESS					
CITY-ST-ZIP	BEDFORD HEIGHTS OH 44	1140	™ DECETE		5. 1 THTU	- \$1 - Z(P	\forall	A 47		☐ Chan	ge 🛮 Addition
TITLE	V ELUS, JAMES		NA DECEME		5.1 NAMI		10	enie Merber 1460 Autora Ro colford Heights			
NAME	24460 AURORA RD.					E1 ADDRESS	D.	1460 Autora Ro	ad		
STREET ADDRESS	BEDFORD HEIGHTS OH 4	4148				-ST-ZIP	R	-offord Heights	OH	<i>44]</i> □ Chan	46
CITY-S1-ZIP	V VILLIANTO OTT		DELETE		6 1 THL					☐ Chan	ige 🗌 Addition
TITLE	SCHMIDHAMMER, FLORIA	N	1		6.2 NAM						
NAME STREET ADDRESS	24460 AURORA RD.	-			6.3 STRE	ET ADDRESS	;				
	DEDECADO LICIOLITÓ OLI A	4146	·		CACT	CT 3/D					
CITY-SI-ZIP		Cwith.	this filing is voluntarily ful	hished.	and de	oes not qu	ualify f	or the exemption stated in Section 1	19.07(3)(k)	Florida St	iatutes. I further

I do hereby certify that the information supplied with this filing is voluntarily tryfished and does not qualify for the exemption state in occur and the same logal effect as if made under certify that the information indicated on this annua report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under certify that I am an officer or director of the corporation or the receiver or tusted 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:

O OFFICER OR DIRECTOR

4/26/96 216-439-1830 Dayline Prono #