

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 # F94000001764 (9)

1. Corporation Name

CLEVELANDIAN LIMITED INCORPORATED



Principal Place of Business

C/O JACK J. GELLER, ESQ.  
2560 GULF TO BAY BLVD., #300  
CLEARWATER FL 34625

Mailing Address

C/O JACK J. GELLER, ESQ.  
2560 GULF TO BAY BLVD., #300  
CLEARWATER FL 34625

3. Date Incorporated or Qualified  
04/07/1994

3a. Date of Last Report  
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 28100 US Hwy 19 North

26 28100 US Hwy 19 North

4. FEI Number

59-3236413

Applied For

Not Applicable

22 Suite 411

27 Suite 411

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 Clearwater, FL

28 Clearwater, FL

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

24 34621

25 Pinellas

29 34621

30 Pinellas

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

GELLER, JACK J ESQ  
2560 GULF TO BAY BLVD., #300  
CLEARWATER FL 34625

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 and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC ☐ DELETE

NAME RICHARDSON, JOHN  
STREET ADDRESS 5 SCHOOL LANE-BROADMEADOWS  
CITY-ST-ZIP S. NORMANTON DERBYSHIRE ENGL

TITLE D ☐ DELETE

NAME RICHARDSON, JOHN S  
STREET ADDRESS 5 SCHOOL LANE-BROADMEADOWS  
CITY-ST-ZIP S. NORMANTON DERBYSHIRE ENGL

TITLE V ☐ DELETE

NAME RICHARDSON, PAULINE W  
STREET ADDRESS 5 SCHOOL LANE-BROADMEADOWS  
CITY-ST-ZIP S. NORMANTON DERBYSHIRE ENGL

TITLE SD ☐ DELETE

NAME RICHARDSON, DAVID J  
STREET ADDRESS 32 SYCAMORE CLOSE, MICKLEY  
CITY-ST-ZIP ALFRETON DERBYSHIRE ENGLAND

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

Date

(313)6699100

Daytime Phone #

CR2E034 (12/95)