

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

FILED  
Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001764 (9)

1. Corporation Name

CLEVELANDIAN LIMITED INCORPORATED

Principal Place of Business

28100 US HWY 19 NORTH  
SUITE 411  
CLEARWATER FL 34621

Mailing Address

28100 US HWY 19 NORTH  
SUITE 411  
CLEARWATER FL 34621-2686

3. Date Incorporated or Qualified 04/07/1994	3a. Date of Last Report 03/14/1996
4. FEI Number 59-3236413	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1803 BRIAR CREEK BLVD.	26 1803 BRIAR CREEK BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 SAFETY HARBOR, FL.	28 SAFETY HARBOR, FL.
Zip	Zip
24 34695	29 34695
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

GELLER, JACK J ESQ  
2580 GULF TO BAY BLVD., #300  
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, JOHN	1.2 NAME	
STREET ADDRESS	5 SCHOOL LANE-BROADMEADOWS	1.3 STREET ADDRESS	
CITY-ST-ZIP	S. NORMANTON DERBYSHIRE	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, JOHN S	2.2 NAME	
STREET ADDRESS	5 SCHOOL LANE-BROADMEADOWS	2.3 STREET ADDRESS	
CITY-ST-ZIP	S. NORMANTON DERBYSHIRE	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, PAULINE W	3.2 NAME	
STREET ADDRESS	5 SCHOOL LANE-BROADMEADOWS	3.3 STREET ADDRESS	
CITY-ST-ZIP	S. NORMANTON DERBYSHIRE	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, DAVID J	4.2 NAME	
STREET ADDRESS	32 SYCAMORE CLOSE, MICKLEY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALFRETON DERBYSHIRE	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 do 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN RICHARDSON

4/3/97

(813) 669-9100

Date

Daytime Phone #

CR2E034 (9/96)