

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 05 1997 8:00am  
Secretary of State

DOCUMENT # F94000002291 (2)

1. Corporation Name

WAXMAN INDUSTRIES, INC.



Principal Place of Business

24460 AURORA ROAD  
BEDFORD HEIGHTS OH 44146

Mailing Address

24460 AURORA ROAD  
BEDFORD HEIGHTS OH 44146-1728

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/04/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

34-0899894

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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

TITLE CD ☐ DELETE

NAME WAXMAN, MELVIN  
STREET ADDRESS 24460 AURORA ROAD  
CITY-ST-ZIP BEDFORD HEIGHTS OH

TITLE TD ☐ DELETE

NAME WAXMAN, ARMOND  
STREET ADDRESS 24460 AURORA ROAD  
CITY-ST-ZIP BEDFORD HEIGHTS OH

TITLE D ☐ DELETE

NAME KRASNEY, SAMUEL J  
STREET ADDRESS 25700 SCIENCE PARK DR., STE 300  
CITY-ST-ZIP CLEVELAND OH

TITLE D ☐ DELETE

NAME ROBINS, JUDY  
STREET ADDRESS 755 LAFAYETTE STREET  
CITY-ST-ZIP DENVER CO

TITLE V ☒ DELETE

NAME VANTUSKO, MICHAEL  
STREET ADDRESS 24460 AURORA ROAD  
CITY-ST-ZIP BEDFORD HEIGHTS OH

TITLE S ☐ DELETE

NAME ROBINS, KENNETH  
STREET ADDRESS 24460 AURORA ROAD  
CITY-ST-ZIP BEDFORD HEIGHTS OH

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 does not qualify for the exemption stated in Section 119.07(3)(f), 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, changed, or on an attachment with an address

SIGNATURE:

Mark Wester MARK WESTER

4-25-97

216-439-1830

CR2E034 (9/96)