

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90045 042 ***150.00

DOCUMENT # F94000002291

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1994

4. FEI Number

34-0899894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Director
3.3 STREET ADDRESS Laurence Waxman
3.4 CITY-ST-ZIP 24460 Aurora Road
Bedford Heights OH 44146

TITLE D ☐ DELETE
NAME ROBINS, JUDY
STREET ADDRESS 755 LAFAYETTE STREET
CITY-ST-ZIP DENVER CO

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME WESTER, MARK
STREET ADDRESS 2165 EAST ALAMEDA AVENUE
CITY-ST-ZIP BEDFORD HEIGHTS OH

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 24460 Aurora Road
5.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)