

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **F94000005254 (7)**

1. Corporation Name
FL PASCO, INC.



Principal Place of Business: **10800 BROOKPARK ROAD CLEVELAND OH 44130**
 Mailing Address: **10800 BROOKPARK ROAD CLEVELAND OH 44130**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/10/1994	3a. Date of Last Report 05/01/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 34-1535520	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONCHEIN, ROBERT F	12 NAME	
STREET ADDRESS	10800 BROOKPARK RD	13 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44130	14 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SAMUEL H	22 NAME	
STREET ADDRESS	10800 BROOKPARK RD	23 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44130	24 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFRAN, NATHAN	32 NAME	
STREET ADDRESS	10800 BROOKPARK RD	33 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44130	34 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATNER, ALBERT B	42 NAME	
STREET ADDRESS	10800 BROOKPARK RD	43 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44130	44 CITY-ST-ZIP	
TITLE	TAS <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, THOMAS G	52 NAME	
STREET ADDRESS	10800 BROOKPARK RD	53 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44130	54 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, WILLIAM M	62 NAME	
STREET ADDRESS	10800 BROOKPARK RD	63 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44130	64 CITY-ST-ZIP	

600001894936 Change Addition
-07/16/96--01123--017
*****225.00**

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X** *Samuel H. Miller* **7-8-96** **216-267-1200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

CS 7/16/96