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FILED

**Mar 12 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 44130-1119**

3. Date Incorporated or Qualified **10/10/1994** 3a. Date of Last Report **07/16/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **34-1535520** Applied For Not Applicable

21. State, Apt. #, etc.

26. State, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24. Zip

Country

29. 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 of 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: _____

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P <input type="checkbox"/> DELETE
NAME	MONCHEIN, ROBERT F
STREET ADDRESS	10800 BROOKPARK RD
CITY - ST - ZIP	CLEVELAND OH 44130
TITLE	V <input type="checkbox"/> DELETE
NAME	MILLER, SAMUEL H
STREET ADDRESS	10800 BROOKPARK RD
CITY - ST - ZIP	CLEVELAND OH 44130
TITLE	V <input type="checkbox"/> DELETE
NAME	SHAFRAN, NATHAN
STREET ADDRESS	10800 BROOKPARK RD
CITY - ST - ZIP	CLEVELAND OH 44130
TITLE	S <input type="checkbox"/> DELETE
NAME	RATNER, ALBERT B
STREET ADDRESS	10800 BROOKPARK RD
CITY - ST - ZIP	CLEVELAND OH 44130
TITLE	TAS <input type="checkbox"/> DELETE
NAME	SMITH, THOMAS G
STREET ADDRESS	10800 BROOKPARK RD
CITY - ST - ZIP	CLEVELAND OH 44130
TITLE	AS <input type="checkbox"/> DELETE
NAME	WARREN, WILLIAM M
STREET ADDRESS	10800 BROOKPARK RD
CITY - ST - ZIP	CLEVELAND OH 44130

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: **X** **SAMUEL H. MILLER V.P. 1/31/97** **216-267-1200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)