

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

FILED
May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005254

1. Corporation Name
FL PASCO, INC.



Principal Place of Business 730 TERMINAL TOWER 50 PUBLIC SQ CLEVELAND OH 44113 US	Mailing Address 730 TERMINAL TOWER 50 PUBLIC SQ CLEVELAND OH 44113 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 10/10/1994	
4. FEI Number 34-1535520	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <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	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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MONCHEIN, ROBERT F	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	
CITY-ST-ZIP	CLEVELAND OH 44113	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLER, SAMUEL H	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	
CITY-ST-ZIP	CLEVELAND OH 44113	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHAFRAN, NATHAN	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	
CITY-ST-ZIP	CLEVELAND OH 44113	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RATNER, ALBERT B	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	
CITY-ST-ZIP	CLEVELAND OH 44113	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	SMITH, THOMAS G	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	
CITY-ST-ZIP	CLEVELAND OH 44113	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WARREN, WILLIAM M	
STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ	
CITY-ST-ZIP	CLEVELAND OH 44113	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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]* **4/22/99** **216-621-6060**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)