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Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005821 (3)

1. Corporation Name

SLEEVE HOLDINGS, INC.

Principal Place of Business

Mailing Address

10175 PHILIPP PARKWAY
STREETSBORO, OH 44241

10175 PHILIPP PARKWAY
STREETSBORO, OH 44241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11-10-94

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT 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: Type or print name of registered agent and file applicable date

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE: PD ☐ DELETE

NAME: LERNER, HERSHEY
STREET ADDRESS: 10175 PHILIPP PARKWAY
CITY-ST-ZIP: STREETSBORO, OH 44241

TITLE: TD ☐ DELETE

NAME: LERNER, BERNARD
STREET ADDRESS: 10175 PHILIPP PARKWAY
CITY-ST-ZIP: STREETSBORO, OH 44241

TITLE: S ☐ DELETE

NAME: STUFFLEBEAN, JD
STREET ADDRESS: 10175 PHILIPP PARKWAY
CITY-ST-ZIP: STREETSBORO, OH 44241

TITLE: ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

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***150.00

CC 3/20

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

03-10-98

Date

330-342-2000

Daytime Phone #

CR2E034 (10/97)