SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400006266 (0)

					ITE IN THIS SPACE
				3. Date Incorporated or Qualifie	
				12/08/1994	08/08/1996
	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21	#	26 Suite And it sto		34-1774892	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	•	paid the current year Intangible
24	25 9. Name and Address of Curren	29 3	0	Personal Property Tax due Ju 10. Name and Address of New	
KAI	ETTA, WILLIAM J	t Hegistered Agent	81 Name	IU. Name and Address of New	negisterati Agent
	- •	1211 -	,,,,		
NAI	PLES FL 33942 324	13 HORSE ARRIAGE WA	82 Street Add	dress (P.O. Box Number is Not Accep	otable)
	C	ARRIAGE WA	83		
}		SUITE 14	84 City		85 Zip Code
		SALLE IT	64 City		FL S Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was aut ations of, Section 607.0505, Florid	thorized by the corpora da Statutes.	átion's board of directors. I hereby ac	
	Signature, typed or printed name of registered ago		Registered Agent signature requ		DATE
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change
NAME	KALETTA, WILLIAM J		1.2 NAME		
STREET ADDRESS	3748 ARNOLD AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33942		1.4 CITY-ST-ZIP		
TITLE	VIC	DELETE	2.1 TITLE		Change Acidition
NAME	GERBER, BARRY		2.2 NAME		
STREET ADDRESS	BOX 16899 N/A ROCKY RIVER OH A4	116	23 STREET ADDRESS		•
CITY-ST-ZIP	ROCKY RIVER OH 44	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE NAME	ABRAM, R. EDWARD			4	
STREET ADDRESS	21000 LORANI NO		33 STREET ADDRESS	20575 CENTE	R RIDGE #460 R, OH 44/16
CITY-ST-ZIP	-FAIRVIEW PIF OF THES		3.4. CITY-ST-ZIP	ROCKY RIVET	2 OH 44116
TITLE	D	DELETE	4.1 TITLE	, , , , , , , , , , , , , , , , , , , ,	Change Addition
NAME	SPEAKER, DAVID K		4. 2 NAME		
STREET ADDRESS	18500 OLD LAKE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKY RIVER OH 44116		4.4 CITY-ST-ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITL€		Change Addition
NAME			6.2 NAME		C. Change C. Frantion
STREET ADDRESS			6.3 STREET ADDRESS		
CITY- CT - 71D			6.4 CITY_CT_7IP		

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 actual 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 received or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if empirical, or on an artischment with an address.

CICALATURE

COHHITT

9-12-97 216-331-8012

FILED

Sep 17 1997 8:00am

Secretary of State

R2E034 (4/97)