

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000000607 (0)

1. Corporation Name
SET-UP SERVICES, INC.



Principal Place of Business: 15300 PEARL RD., #210 STRONGSVILLE OH 44136
Mailing Address: 15300 PEARL RD., #210 STRONGSVILLE OH 44136

3. Date Incorporated or Qualified: 02/06/1995
3a. Date of Last Report: [Blank]
4. FEI Number: 34-1440027
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [X] No

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

9. Name and Address of Current Registered Agent
**LINDEN, ROBERT
21420 S. MILITARY TRAIL
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent
81. Name: [Blank]
82. Street Address (P.O. Box Number is Not Acceptable): [Blank]
83. [Blank]
84. City: [Blank] FL 85 Zip Code: [Blank]

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] DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	LINDEN, ROBERT	
STREET ADDRESS	7350 MARTINGALE	
CITY-STATE-ZIP	CHESTERLAND OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RANALLO, ROBERT	
STREET ADDRESS	1801 E. 9TH ST.	
CITY-STATE-ZIP	CLEVELAND OH	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GROSSBERG, MARGARET	
STREET ADDRESS	3301 DETROIT	
CITY-STATE-ZIP	CLEVELAND OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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-STATE-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6685 BETA DRIVE
2.4 CITY-STATE-ZIP	MAYFIELD VILLAGE, OHIO 44143
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	500001809785
6.3 STREET ADDRESS	-05/06/96--01089--008
6.4 CITY-STATE-ZIP	***200.00

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 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 [Signature] ROBERT LINDEN X 4/29/96 214 592-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE

CR2E034 (12/95)