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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **F95000001259 (9)**

1. Corporation Name

**HOMEPLACE STORES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 31999 AURORA RD.<br>SOLON OH 44139 | 31999 AURORA RD.<br>SOLON OH 44139 |

3. Date Incorporated or Qualified: **03/16/1995**

3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 7887 HUB PARKWAY | 26 7887 HUB PARKWAY |
| Suite, Apt. #, etc.<br>22 FINANCE DEPARTMENT | Suite, Apt. #, etc.<br>27 FINANCE DEPARTMENT |
| City & State<br>23 VALLEY VIEW, OHIO | City & State<br>28 VALLEY VIEW, OHIO |
| Zip / Country<br>24 44125 / 25 U.S.A. | Zip / Country<br>29 44125 / 30 U.S.A. |

4. FEI Number: **34-1776170** ☐ Applied For ☐ Not Applicable

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 ☒ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| C T CORPORATION SYSTEM<br>1200 S. PINE ISLAND RD.<br>PLANTATION FL 33324 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | CEO | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HURWITZ, ROBERT | | 1.2 NAME | | |
| STREET ADDRESS | 19 PEPPERCREEK DR. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PEPPER PIKE OH 44124 | | 1.4 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MONRO, JAMES A JR | | 2.2 NAME | | |
| STREET ADDRESS | 32655 WINTERGREEN DR. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SOLON OH 44139 | | 2.4 CITY-ST-ZIP | | |
| TITLE | VT | ☐ DELETE | 3.1 TITLE | VT | ☑ Change ☐ Addition |
| NAME | GHEZZI, CHARLENE M | | 3.2 NAME | GHEZZI, CHARLENE M. | |
| STREET ADDRESS | 4374 NEVILLE RD. | | 3.3 STREET ADDRESS | 7887 HUB PARKWAY | |
| CITY-ST-ZIP | SOUTH EUCLID OH 44121 | | 3.4 CITY-ST-ZIP | VALLEY VIEW OHIO 44125 | |
| TITLE | V | ☑ DELETE | 4.1 TITLE | V | ☐ Change ☑ Addition |
| NAME | ANGELINI, JOHN T | | 4.2 NAME | KLUG, STEVE | |
| STREET ADDRESS | 10821 RAVENNA WOODS RD. | | 4.3 STREET ADDRESS | 7887 HUB PARKWAY | |
| CITY-ST-ZIP | TWINSBURG OH 44087 | | 4.4 CITY-ST-ZIP | VALLEY VIEW OHIO 44125 | |
| TITLE | V | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DEGEORGE, GARY | | 5.2 NAME | | |
| STREET ADDRESS | 7700 E. WASHINGTON | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CHAGRIN FALLS OH 44023 | | 5.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 6.1 TITLE | V | ☑ Change ☐ Addition |
| NAME | GRAZIOSI, ANTHONY P | | 6.2 NAME | GRAZIOSI, ANTHONY P. | |
| STREET ADDRESS | 455 SYCAMORE LN. | | 6.3 STREET ADDRESS | 7887 HUB PARKWAY | |
| CITY-ST-ZIP | AURORA OH 44202 | | 6.4 CITY-ST-ZIP | VALLEY VIEW OHIO 44125 | |

CR2E034 (12/95)

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)(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:** _____ 9/29/96 (216)328-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #