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FILED
Apr 08 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 # F96000000671 (5)

1. Corporation Name
MEDUSA-CITADEL, INC.



Principal Place of Business ARCOLA RD DEMOPOLIS AL 38732	Mailing Address P.O. BOX 5668 CLEVELAND OH 44101 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/09/1996	
21	22	26	27	4. FEI Number 34-1796502	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	DVS
NAME	UDING, GEORGE E JR	1.2 NAME	Robert D Vilsack
STREET ADDRESS	3008 MONTICELLO BLVD	1.3 STREET ADDRESS	3008 Monticello Blvd.
CITY-ST-ZIP	CLEVELAND HEIGHTS OH 44118	1.4 CITY-ST-ZIP	Cleveland Heights, OH 44118
TITLE	DP	2.1 TITLE	
NAME	KANE, ROBERT J	2.2 NAME	
STREET ADDRESS	3008 MONTICELLO BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEMOPOLIS AL 38732	2.4 CITY-ST-ZIP	Cleveland Heights, OH 44118
TITLE	DVT	3.1 TITLE	
NAME	DENNY, R.BRECK	3.2 NAME	
STREET ADDRESS	3008 MONTICELLO BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEMOPOLIS AL 38732	3.4 CITY-ST-ZIP	Cleveland Heights OH 44118
TITLE	DVS	4.1 TITLE	
NAME	SIEGFRIED, JOHN P	4.2 NAME	
STREET ADDRESS	3008 MONTICELLO BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEMOPOLIS AL 38732	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Handwritten Signature]*

4/1/98

CR2E034 (10/97)