

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000002544 (2)

1. Corporation Name
POS SALES AND SERVICES, INC.

Principal Place of Business
127 PUBLIC SQ.
CLEVELAND OH 44114-1306

Mailing Address
127 PUBLIC SQ.
CLEVELAND OH 44114-1216



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/21/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 34-0204540		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				FL		B5 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's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, DAVID J	1.2 NAME	
STREET ADDRESS	127 PUBLIC SQ.	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH 44114-1306	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ROBERT G	2.2 NAME	
STREET ADDRESS	127 PUBLIC SQ.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH 44114-1306	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALTBY, SANDRA M	3.2 NAME	
STREET ADDRESS	127 PUBLIC SQ.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH 44114-1306	3.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLOCH, STEVEN N	4.2 NAME	
STREET ADDRESS	127 PUBLIC SQ.	4.3 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH 44114-1306	4.4 CITY - ST - ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMARY, STEVEN B	5.2 NAME	
STREET ADDRESS	55 PUBLIC SQ.	5.3 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH 44114	5.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POORE, GREGORY R	6.2 NAME	
STREET ADDRESS	127 PUBLIC SQ.	6.3 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH 44114-1306	6.4 CITY - ST - ZIP	

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 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

S B Mortham *CFO* *S B GAMARY*

Date

4/15/97

Day new Phone #

CR2E034 (9/96)