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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600005991 (2)

FILED Jun 18 1997 8:00am Secretary of State

MEM REAL ESTATE MANAGEMENT, INC. Principal Place of Business Mailing Address 31515 ROBERTA DRIVE BAY VILLAGE OH 44140 BAY VILLAGE OH 44140			1575					
					3. Date Incorporated or Qualified 11/15/1996	3a. Da	to of Last	Report
	Place of Business	2a. Mailing Address			4. FEt Number		I A	opplied For
21		26			34-1843100			lot Applicable
Suite, Apt.		Suite, Apt. #, etc.	·		5. Certificate of Status Desired		-	Additional Required
City & Stat	le	City & State			6. Election Campaign Financing	- -1	,	May Be
23 Zip	Country	28	Cour	New York	Trust Fund Contribution			to Fees
Zip 24	25	Zip	30	шу	8. This corporation has liability for Florida Statutes	intangible t] Yes [s. 199.032,
<u> </u>	9. Name and Address of Curre	29 nt Registered Agent	[30]		10. Name and Address of New Re			
CAF	RRAZZONE, PAUL F		- 	81 Name		<u></u>		
520	7 BAYSHORE BOULEVARD APA FL 33811		8		ess (P.O. Box Number is Not Acceptable)			
			-	84 City		FL	85 Zq	Code
			nes, incap	ove nameu cor	rporadon submits triis statement for the p			
office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered age				rporation submits this statement for the pation's board of directors. I hereby acceptions the properties of the patients of th	DATE		
SIGNATURE	Stgnature, typed or printed name of registered ag	gent and title it applicable (NO ND DIRECTORS	TE Registered	Agent signature requ		DATE CERS AND	DIRECTO	
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS AN PDT CARRAZZONE, PAUL F 31515 ROBERTA DRIVE	pent and title if applicable (NO	13. 1.1 THO	Agent signature requ	oired when reinstating)	DATE CERS AND		RS IN 12
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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 is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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 13 if changed, or on an attachment with an address.

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