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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F96000005991 (2) **DOCUMENT #**

MEM REAL ESTATE MANAGEMENT, INC.

Principal Place of Business 31515 ROBERTA DRIVE

Mailing Address

31515 ROBERTA DRIVE

FILED Jan 23 1998 8:00am Secretary of State



BAY VILLAGE OH 44140 BAY VILLAGE OH 44140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 34-1843100 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X No Yes Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CARRAZZONE, PAUL F 5207 BAYSHORE BOULEVARD Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33611** 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1,1 TITLE Change Addition TITLE CARRAZZONE, PAUL F NAME 12 NAME 31515 ROBERTA DRIVE STREET ADORESS 1.3 STREET ADDRESS **BAY VILLAGE OH 44140** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SINGERMAN, PAUL J 2.2 NAME NAME 1350 EATON CENTER, 1111 SUPERIOR AVENUE STREET ADDRESS 2.3 STREET ADDRESS **CLEVELAND OH 44114** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition OHARA, KELLY H NAME 3.2 NAME 31515 ROBERTA DRIVE STREET ADDRESS 3.3 STREET ADDRESS BAY VILLAGE OH ! CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIF TITLE DELETE 6.1 TITLE Change NAME 6.2 NAME 6.3 STREET ADDRESS 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:

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