

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

FILED

Feb 28 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 # F96000006797 (2)

1. Corporation Name

AULD GHENT INVESTMENTS, INC.



Principal Place of Business

791 WYE RD
AKRON OH 44333

Mailing Address

791 WYE RD
AKRON OH 44333-2268

3. Date Incorporated or Qualified

12/24/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

34-1846235

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

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

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

Signature, typed or printed name of registered agent and for, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	MEYERSON, ROBERT F	
STREET ADDRESS	791 WYE RD	
CITY-ST-ZIP	AKRON OH 44333	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEYERSON, NANCY H	
STREET ADDRESS	791 WYE RD	
CITY-ST-ZIP	AKRON OH 44333	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MEYERSON, ADAM	
STREET ADDRESS	791 WYE RD	
CITY-ST-ZIP	AKRON OH 44333	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MURPHY, ELIZABETH	
STREET ADDRESS	791 WYE RD	
CITY-ST-ZIP	AKRON OH 44333	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KESSLER, H CHARLES III	
STREET ADDRESS	791 WYE RD	
CITY-ST-ZIP	AKRON OH 44333	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D/P MEYERSON, ADAM
3.3 STREET ADDRESS	791 WYE RD
3.4 CITY-ST-ZIP	AKRON, OH 44333
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V/S/D ELIZABETH S. MURPHY
4.3 STREET ADDRESS	791 WYE RD
4.4 CITY-ST-ZIP	AKRON, OH 44333
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T GOREK, KATHY
5.3 STREET ADDRESS	791 WYE RD
5.4 CITY-ST-ZIP	AKRON, OH 44333
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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

2/12/97

Date

330-666-6380

Daytime Phone # 0011117

CR2E034 (9/96)