

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90282 032 ***150.00

DOCUMENT # F98000003525

1. Entity Name
AERC OF FLORIDA, INC.



Principal Place of Business
5025 SWETLAND COURT
RICHMOND HEIGHTS, OH 44143

Mailing Address
5025 SWETLAND COURT
LEGAL DEPT.
RICHMOND HEIGHTS, OH 44143



04082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1867942	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

A.G.C., CO.
SUNTRUST CENTER, SUITE 2300
200 SOUTH ORANGE AVENUE
ORLANDO, FL 32801-3432

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRIEDMAN, JEFFREY I
STREET ADDRESS	5025 SWETLAND COURT
CITY-ST-ZIP	RICHMOND HEIGHTS, OH 44143

TITLE	VSD
NAME	FISHMAN, MARTIN A
STREET ADDRESS	5025 SWETLAND COURT
CITY-ST-ZIP	RICHMOND HEIGHTS, OH 44143

TITLE	V
NAME	ZIELENIEC, NAN
STREET ADDRESS	5025 SWETLAND CT
CITY-ST-ZIP	RICHMOND HGT, OH 44143

TITLE	VT
NAME	FATICA, LOU
STREET ADDRESS	5025 SWEETLAND CT
CITY-ST-ZIP	RICHMOND HTS, OH 44143

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Martin A. Fishman, Vice President

04/12/05

216/797-8780

Daytime Phone #