

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H03435** (5)
1. Corporation Name
THE COCOA BEACH COMPANY, INC.



Principal Place of Business
**925 EUCLID AVE
STE 2000
CLEVELAND OH 44115-1496
US**

Mailing Address
**925 EUCLID AVE
STE 2000
CLEVELAND OH 44115-1496
US**

2. Principal Place of Business
21 Sube Apt #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Sube Apt #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified **05/15/1984** 3a. Date of Last Report **04/11/1995**

4. FEI Number **34-1439239** 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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEMS
1201 HAYES ST
STE 105
TALLAHASSEE FL 32201**

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 607.0602 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 _____ DATE _____
OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DVT NAME: MONSON, JOHN D. STREET ADDRESS: 1100 SUPERIOR AVENUE CITY-STATE-ZIP: CLEVELAND OH	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-STATE-ZIP
TITLE: DPS NAME: WILLIAMS, CLYDE E. JR. STREET ADDRESS: 2000 HUNTINGTON BANK BLD CITY-STATE-ZIP: CLEVELAND OH	5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-STATE-ZIP
TITLE: VAS NAME: HAVACH, JAMES M. STREET ADDRESS: 2000 HUNTINGTON BLDG. CITY-STATE-ZIP: CLEVELAND OH	9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-STATE-ZIP
TITLE: AS NAME: ASSINK, KAREN A.P. STREET ADDRESS: 2000 HUNTINGTON BLDG. CITY-STATE-ZIP: CLEVELAND OH	13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-STATE-ZIP
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-STATE-ZIP
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of original, or on an attachment with an original.

SIGNATURE: *Karen A.P. Assink* KAREN A.P. ASSINK, ASST. SECY. 3/21/96 216/696-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)