

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

FILED

Apr 30 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 # **H03435** (5)  
1. Corporation Name  
**THE COCOA BEACH COMPANY, INC.**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/15/1984</b>		3a. Date of Last Report <b>03/29/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>34-1439239</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEMS**  
**1201 HAYES ST**  
**STE 105**  
**TALLAHASSEE FL 32201**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DVT</b>	<input type="checkbox"/> DELETE
NAME	<b>MONSON, JOHN D.</b>	
STREET ADDRESS	<b>1100 SUPERIOR AVENUE</b>	
CITY- ST- ZIP	<b>CLEVELAND OH</b>	
TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, CLYDE E. JR.</b>	
STREET ADDRESS	<b>2000 HUNTINGTON BANK BLD</b>	
CITY- ST- ZIP	<b>CLEVELAND OH</b>	
TITLE	<b>VAS</b>	<input type="checkbox"/> DELETE
NAME	<b>HAVACH, JAMES M.</b>	
STREET ADDRESS	<b>2000 HUNTINGTON BLDG.</b>	
CITY- ST- ZIP	<b>CLEVELAND OH</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>ASSINK, KAREN A.P.</b>	
STREET ADDRESS	<b>2000 HUNTINGTON BLDG.</b>	
CITY- ST- ZIP	<b>CLEVELAND OH</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
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: *Karen A.P. Assink*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**KAREN A.P. ASSINK, ASST. SEC'Y.**

**4/23/97** **216-696-4700**  
Date Daytime Phone

0478347

CR2E034 (9/96)