

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90213 043 ***150.00

DOCUMENT # H03435

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1984

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVT ☒ DELETE
NAME MONSON, JOHN D.
STREET ADDRESS 1100 SUPERIOR AVENUE
CITY-ST-ZIP CLEVELAND OH

TITLE DPS ☐ DELETE
NAME WILLIAMS, CLYDE E. JR.
STREET ADDRESS 2000 HUNTINGTON BANK BLD
CITY-ST-ZIP CLEVELAND OH

TITLE VAS ☐ DELETE
NAME HAVACH, JAMES M.
STREET ADDRESS 2000 HUNTINGTON BLDG.
CITY-ST-ZIP CLEVELAND OH

TITLE AS ☐ DELETE
NAME ASSINK, KAREN A.P.
STREET ADDRESS 2000 HUNTINGTON BLDG.
CITY-ST-ZIP CLEVELAND OH

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPTS ☒ Change ☐ Addition
1.2 NAME WILLIAMS, CLYDE E. JR.
1.3 STREET ADDRESS 925 EUCLID AVE. #2000
1.4 CITY-ST-ZIP CLEVELAND OH 44115

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0524366