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

STREET ADDRESS

appears in Block 12 or Block 13 if changed

CITY-ST-ZIP

**FILED** PROFIT Mar 12 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # K18863 (6)FL-TAMPA, INC. Principal Place of Business Mailing Address % HARRY B. SMITH 10000 BROOKPARK RD 10800 BROOKPARK RD CLEVELAND OH 44130 **CLEVELAND OH 44130-1119** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/23/1988 07/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 34-1599627 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & Stato \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Florida Statutes **3**0 Yes 😿 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GUREN, SHELDON B. 81 701 BRICKELL AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) 18TH FLOOR 83 **MIAMI FL 33131** 84 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 Horida. 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 4 applicable (NOTE: Registured Agent signature required when relinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE X DELETE 1.1 TITLE **X** Change Addition MONCHEIN, ROBERT F. RONALD A. RATNER NAME 1.2 NAME 10800 BROOKPARK ROAD STREET ADDRESS 10800 BROOKPARK ROAD 1.3 STREET ADDRESS CLEVELAND OH CITY-ST-ZIP CLEVELAND, OHIO 44130 1.4 CITY - \$1 - 2IP TITLE DELETE 2.1 TITLE X Change Addition MILLER, SAMUEL NAME 2.2 NAME 10800 BROOKAPRK ROAD STREET ADDRESS 2.3 STREET ADDRESS **CLEVELAND OH** CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3 1 117LE Change Addition NAME 3.2 NAME THOMAS G. SMITH STREET ADDRESS 3.3 STREET ADDRESS 10800 BROOKPARK ROAD CITY-ST-ZIP 3.4. CITY - ST- ZIP CLEVELAND, OHIO 44130 TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE ☐ Change Addition NAME 6.2 NAME

6 3 STREET ADDRESS

121191

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

r on an attachment with an address.

96/6)