FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90293 013 \*\*\*900.00

## 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

7.	OCUN Corporation FL-TAMP	1 Name	# K188	63									<b>  [[]</b>		
730 50	D TERMINAL PUBLIC SQ			730 TEF 50 PUBI	Mailing Address 730 TERMINAL TOWER 50 PUBLIC SO CLEVELAND OH 44113						DO NOT WR				<b>                                     </b>
CLEVELAND OH 44113 US				US						٠.	Date Incorporated or Qualifed				
_	Deinging D	lass of Busine		A- Mail	lina Address						03/23/1988 FEI Number			App	lied For
2. Principal Place of Business				<u> </u>	2a. Mailing Address					• •	34-1599627		F	<del></del>	Applicable
	Suite, Apt. #, etc.				Suite, Apt. #, etc.						Certifcate of Status Desired		• -		dditional
22				27	<del></del>								<del></del>	ee Req	
23	City & State			28	City & State						Election Campaign Financing Trust Fund Contribution		-	5.00 N dded to	•
23	Zip		Country	Zip	<u> </u>	Cou	intry				This corporation owes the cur	ent year l			
24		2	5	29		30					Personal Property Tax.		☐ Ye		⊠ No
		9. Name a	nd Address of C	urrent Registered	i Agent		81	Name	1	0.	Name and Address of New	Registere	d Agent		·
	GUR	EN, SHELD	ON B.							_					
701 BRICKELL AVENUE							82	Street	Address	(P.	O. Box Number is Not Accept	able)			
18TH FLOOR							83						·		
MIAMI FL 33131							84 City				<u></u>		. 85	Zip C	nde
-	D	4 - 4bdaia	no of Captions 60	7 0502 and 607 16	00 Florida Statu	too tho o	bov	namad	corporat	lion	submits this statement for the	F		ing its t	enistered
11	office or re	egistered agei	nt, or both, in the S	State of Florida. Si	uch change was a	authorized	i by	the corp	oration's	bo	ard of directors. I hereby acce	pt the app	oi changi iointment	as reg	istered
C	Ū	m tamiliar witr	i, and accept the c	obligations of, Sect	uon 607.0303, FR	onda Stat	utes	•							
51	GNATURE	Signature, typed or	printed name of register	ed agent and title if applic	able. (NOT	E: Registered	Agen	t signature	equired whe			DATE			
12	<del></del>	_	OFFICER	S AND DIRECTO	RS ☐ DELETE	13.			104		DDITIONS/CHANGES TO OF	FICERS A	AND DIRI ☐ Ch		RS IN 12 Addition
TITI	ĺ	P	DOMALD. A		☐ DEFEIE	1,1 7			Dire				Пи	ange	C X yadino
NAME RATNER, RONALD A.  STREET ADDRESS 1100 TERMINAL TOWER, 50 PUI				SO PURIO SO	BLIC SO						Albert B. Ratner 1100 Terminal Tower, 50 Public Square				
CITY-ST-ZIP CLEVELAND OH 44113				30 1 00LIO 34	DISC OG			B :			Land, Ohio 44113	JO 1 G	DIIC	bque	arc
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NAME MILLER, SAMUEL								2.2 NAME Cha			narles A. Ratner				
STREET ADDRESS 1100 TERMINAL TOWER, 50 PUBLIC					LIC SQ 2.3			2.3 STREET ADDRESS 110			00 Terminal Tower, 50 Publi				are
CITY-ST-ZIP CLEVELAND OH 44113											and, Ohio 44113				
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NAME SMITH, THOMAS G.							3.2 NAME								
STREET ADDRESS 1100 TERMINAL TOWER, 50 PUBL				50 PUBLIC SQ				3.3 STREET ADDRESS							
CITY-ST-ZIP CLEVELAND OH 44113					☐ DELETE	_	3.4. CITY-ST-ZIP 4.1 TITLE								☐ Additio
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NA	ue !					6.2 N	4ME		1						

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 cath; that I am an officer or director of the corporation on 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 signal attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: X

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

216 W1-6060

Daytime Phone #

2E034 (11/98)