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FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P10499 (2)

1. Corporation Name
WICKENS, HERZER & PANZA CO., L.P.A.

Principal Place of Business % SHARON L. HERZER P.O. BOX 840 LORAIN OH 44052-0840 US	Mailing Address % SHARON L. HERZER P.O. BOX 840 LORAIN OH 44052-0840 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/19/1986

4. FEI Number 34-1114787	Applied For <input type="checkbox"/> Not Applicable
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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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 NAME STREET ADDRESS CITY-ST-ZIP	DVP CORSAO, JOSEPH G. 316 TANGLEWOOD LANE BAY VILLAGE OH <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KOLIS, WILLIAM 12900 LAKE AVE., SUITE 510 LAKEWOOD OH <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PAWLUKIEWICZ, CHUCK 31207 MANCHESTER LANE BAY VILLAGE OH <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JACOBSON, PATRICIA 336 REAMER PLACE OBERLIN OH <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PILLARI, THOMAS 30028 APPLEWOOD DR. BAY VILLAGE OH <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NICOLOFF, MARSHA L. 3940 VALLEYVIEW DR. LORAIN OH <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D/P HERZER, DAVID L. 5384 PORTAGE DRIVE VERMILION, OH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D/VP/T PANZA, RICHARD D. 32353 BRANDON PLACE AVON LAKE, OH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D/VP ELLIS, ROBERT P. 3728 AMHERST AVENUE LORAIN, OH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D/VP NAEGELE, RICHARD A. 5609 ROSECLIFF DRIVE LORAIN, OH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D/VP RYBARCZYK, JOHN D. 449 NANTUCKET DRIVE AVON LAKE, OH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D/VP ASHAR, LINDA C. 13010 WEST DARROW ROAD VERMILION, OH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE: _____ 3/30/98 (440) 246-5268

CR2E034 (10/97)

ADDITIONAL RESPONSES TO BLOCK 13:

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
7.1 TITLE		7.1 TITLE	D/VP X Addition
7.2 NAME		7.2 NAME	NAKON, MATTHEW W.
7.3 STREET ADDRESS		7.3 STREET ADDRESS	23837 VINCENT DRIVE
7.4 CITY-ST-ZIP		7.4 CITY-ST-ZIP	NORTH OLMSTED OH
8.1 TITLE		8.1 TITLE	D/VP X Addition
8.2 NAME		8.2 NAME	PRESCOTT, WILLIAM P.
8.3 STREET ADDRESS		8.3 STREET ADDRESS	11045 LAKE AVENUE - UNIT 17
8.4 CITY-ST-ZIP		8.4 CITY-ST-ZIP	CLEVELAND, OH
9.1 TITLE		9.1 TITLE	
9.2 NAME		9.2 NAME	
9.3 STREET ADDRESS		9.3 STREET ADDRESS	
9.4 CITY-ST-ZIP		9.4 CITY-ST-ZIP	
10.1 TITLE		10.1 TITLE	
10.2 NAME		10.2 NAME	
10.3 STREET ADDRESS		10.3 STREET ADDRESS	
10.4 CITY-ST-ZIP		10.4 CITY-ST-ZIP	
11.1 TITLE		11.1 TITLE	
11.2 NAME		11.2 NAME	
11.3 STREET ADDRESS		11.3 STREET ADDRESS	
11.4 CITY-ST-ZIP		11.4 CITY-ST-ZIP	
12.1 TITLE		12.1 TITLE	
12.2 NAME		12.2 NAME	
12.3 STREET ADDRESS		12.3 STREET ADDRESS	
12.4 CITY-ST-ZIP		12.4 CITY-ST-ZIP	
13.1 TITLE		13.1 TITLE	
13.2 NAME		13.2 NAME	
13.3 STREET ADDRESS		13.3 STREET ADDRESS	
13.4 CITY-ST-ZIP		13.4 CITY-ST-ZIP	

January 15, 1998