

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P27228** (6)
1. Corporation Name
FRANCIS DAVID CORPORATION



Principal Place of Business: **5005 ROCKSIDE ROAD, PH 100 INDEPENDENCE OH 44131**
Mailing Address: **5005 ROCKSIDE ROAD, PH 100 INDEPENDENCE OH 44131**

3. Date Incorporated or Qualified: **12/06/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **34-1569688**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. 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: **FL**

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: _____ DATE: _____
Signature: typed or printed name of registered agent and the Corporation. (NOTE: Registered Agent signature required when re-issuing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD WEILAND, FRANCIS J. <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add-on
NAME	WEILAND, FRANCIS J.	1.2 NAME
STREET ADDRESS	3502 SE 19TH PLACE	1.3 STREET ADDRESS
CITY - ST - ZIP	CAPE CORAL FL	1.4 CITY - ST - ZIP
TITLE	D WEILAND, MARGARET S. <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add-on
NAME	WEILAND, MARGARET S.	2.2 NAME
STREET ADDRESS	3502 SE 19TH PLACE	2.3 STREET ADDRESS
CITY - ST - ZIP	CAPE CORAL FL	2.4 CITY - ST - ZIP
TITLE	S FLASK, JOHN A. <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLASK, JOHN A.	3.2 NAME
STREET ADDRESS	4401 ROCKSIDE RD #406	3.3 STREET ADDRESS
CITY - ST - ZIP	INDEPENDENCE OH	3.4 CITY - ST - ZIP
TITLE	VD RAHILLY, JOHN A. <input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHILLY, JOHN A.	4.2 NAME
STREET ADDRESS	250 SENLAC HILLS	4.3 STREET ADDRESS
CITY - ST - ZIP	CHAGRIN FALLS OH	4.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY - ST - ZIP		5.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP

**D WEILAND, FRANCIS J.
3502 SE 19TH PLACE
CAPE CORAL FL 33904**

**PD RAHILLY, JOHN A.
250 SENLAC HILLS
CHAGRIN FALLS, OH 44022**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **JOHN A. RAHILLY, PRESIDENT** Date: **2/29/96** Telephone #: **(216) 524-0900**

CR2E034 (12/95)