

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 # P31522 (6)

1. Corporation Name

EQUITY PLANNING HOLDING COMPANY



Principal Place of Business

Mailing Address

~~22005 CHAGRIN BOULEVARD~~
~~BEACHWOOD OH 44122~~

~~22005 CHAGRIN BOULEVARD~~
~~BEACHWOOD OH 44122~~

2. Principal Place of Business

2a. Mailing Address

21 23200 Chagrin Blvd.
Suite, Apt. #, etc.

26 23200 Chagrin Blvd.
Suite, Apt. #, etc.

22 Bldg. 1, Suite 102
City & State

27 Bldg. 1, Suite 102
City & State

23 Beachwood Ohio
Zip Country

28 Beachwood Ohio
Zip Country

24 44122 25 U.S.A.

29 44122 30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/25/1990

3a. Date of Last Report

03/22/1995

4. FEI Number

34-1394844

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 block applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME REINBERG, RICHARD D.
STREET ADDRESS ~~22005 CHAGRIN BLVD.~~
CITY-ST-ZIP ~~BEACHWOOD OH~~

☐ DELETE

TITLE VTD
NAME WEINGART, NED S.
STREET ADDRESS ~~22005 CHAGRIN BLVD.~~
CITY-ST-ZIP ~~BEACHWOOD OH~~

☐ DELETE

TITLE S
NAME KRANTZ, BYRON S.
STREET ADDRESS ~~22005 CHAGRIN BLVD.~~
CITY-ST-ZIP ~~BEACHWOOD OH~~

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2003 N. Ocean Blvd. #1502
1.4 CITY-ST-ZIP Boca Raton, FL 33431

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2491 Marlboro Road
2.4 CITY-ST-ZIP Cleveland Hts., OH 44118

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS One Cleveland Center, 1375 E. 9th Street
3.4 CITY-ST-ZIP Cleveland, OH 44114

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NED S. WEINGART

Date

Daytime Phone #

1/11/96 216/595-0780

CR2E034 (12/95)