FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 FEB 28 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P33206** **(4)**

1. Corporation Name
ZAREMBA CONTRACTORS INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
14600 DETROIT AVENUE. SUITE 1500 LAKEWOOD OH 44107	14600 DETROIT AVENUE. SUITE 1500 LAKEWOOD OH 44107

3. Date Incorporated or Qualified: **03/19/1991**
3a. Date of Last Report: **02/24/1994**

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip:
25: Country:

2a. Mailing Address
26:
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip:
30: Country:

4. FEI Number: **34-1642428** ☐ 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

9. Name and Address of Current Registered Agent

GOLDMAN, STEVEN E., ESQ.
1221 BRICKELL AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	☐ Change ☒ Addition
NAME	ZAREMBA, WALTER	1.2 NAME	
STREET ADDRESS	14600 DETROIT AVE.,#1500	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD OH	1.4 CITY-ST-ZIP	44107
TITLE	CD	2.1 TITLE	☐ Change ☒ Addition
NAME	ZAREMBA, WALTER	2.2 NAME	
STREET ADDRESS	14600 DETROIT AVE.,#1500	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD OH	2.4 CITY-ST-ZIP	44107
TITLE	S	3.1 TITLE	☐ Change ☒ Addition
NAME	SILVESTRI, LAWRENCE A.	3.2 NAME	
STREET ADDRESS	14600 DETROIT AVE.,#1500	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD OH	3.4 CITY-ST-ZIP	44107
TITLE	V	4.1 TITLE	☐ Change ☒ Addition
NAME	URBANCIC, JOSEPH J.	4.2 NAME	
STREET ADDRESS	14600 DETROIT AVE.,#1500	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD OH	4.4 CITY-ST-ZIP	44107
TITLE	P	5.1 TITLE	☐ Change ☒ Addition
NAME	BAILEY, R. RICK, JR.	5.2 NAME	
STREET ADDRESS	14600 DETROIT AVE #1500	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWOOD OH	5.4 CITY-ST-ZIP	44107
TITLE		6.1 TITLE	AS ☐ Change ☒ Addition
NAME		6.2 NAME	VONEENKEN, BARBARA
STREET ADDRESS		6.3 STREET ADDRESS	14600 DETROIT AVE. #1500
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LAKEWOOD OH 44107

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)(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: _____ 2-13-95 Date 24-221-6600 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
W. WALTER ZAREMBA

0486460 FP