

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 # **P33206** (4)

1. Corporation Name

ZAREMBA CONTRACTORS INC.



Principal Place of Business

**14600 DETROIT AVENUE, SUITE 1500
LAKEWOOD OH 44107**

Mailing Address

**14600 DETROIT AVENUE, SUITE 1500
LAKEWOOD OH 44107**

3. Date Incorporated or Qualified

03/19/1991

3a. Date of Last Report

02/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Sign and type or printed name of registered agent and tick if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	ZAREMBA, WALTER	
STREET ADDRESS	14600 DETROIT AVE., #1500	
CITY-ST-ZIP	LAKEWOOD OH	
TITLE	CO	<input type="checkbox"/> DELETE
NAME	ZAREMBA, WALTER	
STREET ADDRESS	14600 DETROIT AVE., #1500	
CITY-ST-ZIP	LAKEWOOD OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SILVESTRI, LAWRENCE A.	
STREET ADDRESS	14600 DETROIT AVE., #1500	
CITY-ST-ZIP	LAKEWOOD OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	URBANCIC, JOSEPH J.	
STREET ADDRESS	14600 DETROIT AVE., #1500	
CITY-ST-ZIP	LAKEWOOD OH	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BAILEY, R. RICK, JR.	
STREET ADDRESS	14600 DETROIT AVE #1500	
CITY-ST-ZIP	LAKEWOOD OH	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	VONBENKEN, BARBARA	
STREET ADDRESS	14600 DETROIT AVENUE #1500	
CITY-ST-ZIP	LAKEWOOD OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VP ROBERT STEADLEY
5.3 STREET ADDRESS	14600 DETROIT AVE. #1500
5.4 CITY-ST-ZIP	LAKEWOOD, OH 44107
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

1-19-96 216-221-6600

Date

Daytime Phone #

CR2E034 (12/95)