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Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 44107-4297



3. Date Incorporated or Qualified  
03/19/1991

3a. Date of Last Report  
02/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

Signature of officer or director of corporation and the 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	CD	<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	VP	<input type="checkbox"/> DELETE
NAME	STEADLEY, ROBERT	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER ZAREMBA

2-20-97

216-221-6600

Date

Daytime Phone #

0178064

CR2E034 (9/96)