## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P35560

(2)

STC FRANCHISES COMPANY

## FILED Apr 24 1998 8:00am Secretary of State



Principal Place	e of Business	Ma	Mailing Address						*****	
21012 AURORA ROAD 21012 AURORA ROAD										
WARRENSVILLE HEIGHTS OH 44146		W	WARRENSVILLE HEIGHTS OH 44146				DO NOT MIDITE IN THIS	CDACE		
							DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE		
							09/18/1991			
2 Principal P	lace of Business	20	Mailing Address				4. FEI Number		Ann	lied For
21	ace of pasificas	26	Triciming Flacinoss				34-1584028	-	<del>+</del>	Applicable
Suite, Apt #, etc.			Suite, Apt. #, etc.				S8.75 Additional			
22	.,	27					6. Certificate of Status Desired		e Req	
City & State			City & State				6. Election Campaign Financing	\$5.	00 N	lay Be
23			28				Trust Fund Contribution	Add	ied to	Fees
Zip	Country	Country Zip Co		Cou	ntry		8. This corporation owes or has paid the cu			
24	25	29		30			1 Siberial 1 Topolity 1 to 1 day 2 day	Yes		No
9. Name and Address of Current Registered Agent					10, Name and Address of New Regis			Agent		
	CORPORATION SYSTEM				81	Name				
1200 S. PINE ISLAND ROAD					82 Street Address (P.O. Box Number is Not Acceptable)					
PU	ANTATION FL 33324									
					83					
					84	City		85	Zip Co	ode
							FL	•	!* .	
11. Pursuant office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	1502 and 61 ale of Floric	07.1508, Florida Statt da. Such change was	utes, the at authorized	oove d by	named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	ocintmen	ng⊪s tasre	egistered
agent I a	m familiar with, and accept the ob-	ligations of	l, Section 607.0505, F	lorida Stat	ules	<b>i</b> .				
SIGNATURE	Signature, typed or printed name of registeroid		H 1 bl-	VIE Englature	4 4	el sienet vo enguen	ed when reinstating) DATE			
12.	OFFICERS A			13.	2 AGE	u signature reduce	ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS	IN 12
TITLE	PST	110 00110	DELETE	1.1 TI	TLE			☐ Char		☐ Addition
NAME	SUTTON, ALAN J.		_	1.2 N	AME	1				
STREET ADDRESS	21012 AURORA ROAD					ADDRESS				
CITY-ST-ZIP	WARRENOUS FIRE OU				1.4 CITY-ST-ZIP					
TITLE	D DELETE			2.1 TITLE			☐ Char	nge	Addition	
NAME	SUTTON, ALAN J.			2.2 N/	2.2 NAME					
STREET ADORESS	ALLE LUMANI MALA			2.3 \$1	2.3 STREET ADDRESS					
CITY-ST-ZIP	Warrensville hts. Oh			2 4 C	ITY-S	ST-ZIP				
TITLE	AS		☐ DELETE	3.1 TI	TLE			Char	nge	Addition
NAME	SUTTON, SUSAN J			3.2 N	AME					
STREET ADDRESS	21012 AURORA ROAD			3.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	WARRENSVILLE HEIGHTS	OH		3.4. C	ITY-S	ST-ZIP				
TITLE			DELETE	4.1 10	TL€			Char	nge	Addition Addition
NAME				4. 2 N	AME					
STREET ADDRESS				4.3 ST	REET	ADDRESS				
CITY-ST-ZIP				4.4 CI	TY - 5	T - ZIP				
THILE			☐ DELETE	5.1 T(	TLE			Char	nge	Addition
NAME				5.2 N/	ME					
STREET ADDRESS				5.3 \$1	reet	ADDRESS				
CITY-ST-ZIP				5.4 C	TY-S	T-ZIP				
TITLE			☐ DELETE	6.1 TI	TLE			☐ Chai	nge	Addition
NAME				6.2 N	AME					
STREET ADDRESS				6.3 ST	TAEET	ADDRESS				•
CITY-ST-ZIP				6.4 CI	TY-S					·· <del>·····</del>
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indicated on this annual report or supplied with trils filling 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 suppliemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an address.

SIGNATURE:

resedent

4-20.98

216.663-2600