


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

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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90057 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36467

1. Corporation Name
SELMAN & COMPANY

Principal Place of Business
6110 PARKLAND BLVD
MAYFIELD HTS OH 44124-4187
US

Mailing Address
6110 PARKLAND BLVD
CLEVELAND OH 44124-4187
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6110 PARKLAND BLVD MAYFIELD HTS OH 44124-4187 US		2a. Mailing Address 26 6110 PARKLAND BLVD CLEVELAND OH 44124-4187 US		3. Date Incorporated or Qualified 11/25/1991	
Suite, Apt. #, etc. 22 ---		Suite, Apt. #, etc. 27 ---		4. FEI Number 31-0984218	
City & State 23 ---		City & State 28 ---		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country 24 --- 25 ---		Zip Country 29 --- 30 ---		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELMAN, JOHN L.	1.2 NAME	
STREET ADDRESS	6110 PARKLAND BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELMAN, JILL W.	2.2 NAME	
STREET ADDRESS	6110 PARKLAND BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSENTINO, LEONARD M.	3.2 NAME	
STREET ADDRESS	6110 PARKLAND BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESOLOWSKI, GLORIA	4.2 NAME	
STREET ADDRESS	6110 PARKLAND BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYR, RICHARD W.	5.2 NAME	
STREET ADDRESS	6110 PARKLAND BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELMAN, DAVID L.	6.2 NAME	
STREET ADDRESS	6110 PARKLAND BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:  Leonard M. Cosentino, Secretary 440-646-9336 3/3/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)