


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P38775 1. Entity Name 17700 BROADWAY, INC. |  |
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|--|--|
| Principal Place of Business 6190 COCHRAN ROAD SOLON, OH 44139 US | Mailing Address 6190 COCHRAN ROAD SOLON, OH 44139 US |
|--|--|



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 34-0972935 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

PESSER, MARVIN
6430 VIA ROSA
BOCA RATON, FL 33433

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCP MEISEL, PETER 6190 COCHRAN ROAD SOLON, OH 44139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVC MEISEL, MICHAEL 6190 COCHRAN ROAD SOLON, OH 44139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS PESSER, PAUL D. 6190 COCHRAN ROAD SOLON, OH 44139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MEISEL, MICHAEL 6190 COCHRAN ROAD SOLON, OH 44139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MEISEL, PETER 6190 COCHRAN ROAD SOLON, OH 44139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/24/05-80179-018 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter Meisel, President 1/17/05 (440) 914-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #