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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000013129 (0)

PORT	EVERGLADES CORP.										
Principal Plac	e of Business	Mai	ling Address				1		IN EUIUI III	100	DEOL FAIRT NO DA
29801 CHAGRIN BLVD. 28601 CHAGRIN BLVD.								·			
SUITE 550 SUITE 550								DO MOT MIDITO		00405	
CLEVELAND OH 44122 CLEVELAND OH 44122							DO NOT WRITE IN THIS SPACE				
							3.	Date Incorporated or Qualified 02/22/1993			
2 Principal D	Nage of Rusiness	9-	Mailing Address				A	FEI Number	-	I A	oplied For
							~	65-0405249			ot Applicable
			Suite, Apt. #, etc.	f, etc.			H				Additional
22							6.	Certificate of Status Desired			equired
City & Stat	e	City & State				6.	Election Campaign Financing		\$5.00	May Be	
23		28	28					Trust Fund Contribution			to Fees
Zip	Country		Zip	Count	гу		8.	This corporation owes or has pe	aid the cu		
24	25]	29					Personal Property Tax due June 30. Yes X No			K) No	
	g, Name and Address of Curre	nt Registe	ered Agent	8	•1	Name	10.	Name and Address of New Re	gistered	Agent	
	3.C. CO.			0	1	Name					
	00 SUN BANK CENTER			8	2	Street Addre	iss (F	P.O. Box Number is Not Acceptal	ble)		
ŲH	rlando fl			8	3						
				Ľ							
				B-		City			FL	- ``	Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.05 registered agont, or both, in the State am familiar with, and accept the oblig	02 and 60 e of Florida jations of,	7.1508, Florida <mark>Statu</mark> a. Such change was Section 607.05 0 5, Fl	tes, the abo authorized t lorida Statut	ve oy es.	named corpo the corporation	oratio on's l	n submits this statement for the popular of directors. I hereby acce	pt the ap	of changing i pointment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered ag	nont and title if	applicable (NO	IF: Registered A	nen	it signature require	d wher	reinslating)	DATE		
12,	OFFICERS AN		···· ——- · · · · · · · · · · · · · · · ·	13.	9	a grand to quite		ADDITIONS/CHANGES TO OFFIC		D DIRECTOR	RS IN 12
TITLE	D		DELETE	1.1 TITLE						Change	Addition
NAME	HORVITZ, RICHARD A			1.2 NAM	Ē						
STREET ADDRESS				1.3 STRE	ET ADDRESS						
CITY-ST-ZIP	CLEVELAND OH 44122			1.4 CITY	ST	- ZIP					
TITLE	D		☐ DELE TE	2.1 TITLE						Change	Addition
NAME	HORVITZ, JEFFREY E			2.2 NAM	E						
STREET ADDRESS	28601 CHAGRIN BLVD., #55	0		2.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP	CLEVELAND OH 44122			2. 4 CITY	- ST	r- <i>2</i> iP					
TITLE	P		DELETE	3.1 TITLE						Change	Addition
NAME	POLZIN, MARK F			3.2 NAM	-						
STREET ADDRESS	28601 CHAGRIN BLVD. STE	550		3.3 STRE	ET A	ADDRES\$					
CITY-ST-ZIP	CLEVELAND OH			3.4. CITY	- ST	r- 2 (P				<u> </u>	
TITLE	8		☐ DELETE	4.1 TITLE						Change	Addition
NAME	ROENBAUGH, CAROL L			4. 2 NAM	Ė						
STREET ADDRESS	28601 CHAGRIN BLVD, STE	550		4.3 STRE	ET A	NDDRESS					
CITY-ST-ZIP	CLEVELAND OH			4.4 CITY		- ZIP					
TITLE	ATTURDOUG MARY		DELETE	5.1 TITLE						☐ Change	Addition
NAME	STEINBOCK, MARK A			5.2 NAME							
STREET ADDRESS	28601 CHAGRIN BLVD, SUITE	: 550		5.3 STRE	et A	ADDRESS					
CITY-ST-ZIP	CLEVELAND OH		F	5.4 CITY		-ZIP				T 0:	4.4.00-
TITLE			DELETE	6.1 TITLE						Change	Addition
NAME	1			6.2 NAME							
STREET ADDRESS	1			6.3 STRE	et a	ADDRESS					

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.

WARK A. STEINBOCK

216-831-8344

216-831-6244

FILED

Mar 03 1998 8:00am

Secretary of State