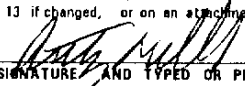


FILE NOW: FILING FEE AFTER MAY,1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000048335			
1. Corporation Name NCK INVESTORS, INC			
Principal Place of Business		Mailing Address	
P.O. BOX 25183 SARASOTA, FL 34277			
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STEPHEN KEYSER 1515 RINGLING BLVD SUITE 1000 SARASOTA, FL 34236		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code
		FL	
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Signature, typed or printed name of registered agent and title if applicable			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	PRESIDENT ☐ Change ☒ Addition
NAME		12 NAME	MONICA SELES 2895 DICK WILSON DR
STREET ADDRESS		13 STREET ADDRESS	P.O. BOX 25183, SARASOTA, FL 34277
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE		21 TITLE	SECRETARY ☐ Change ☒ Addition
NAME		22 NAME	MONICA SELES 2895 DICK WILSON DR
STREET ADDRESS		23 STREET ADDRESS	P.O. BOX 25183 SARASOTA, FL 34277
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	TREASURER ☐ Change ☒ Addition
NAME		32 NAME	MONICA SELES 2895 DICK WILSON DR
STREET ADDRESS		33 STREET ADDRESS	P.O. BOX 25183 SARASOTA, FL 34277
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME		42 NAME	ANTHONY DECELLO
STREET ADDRESS		43 STREET ADDRESS	ONE ERIEVIEW PLAZA #1300 CLEVELAND OH 44114
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: 		4/30/96	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	