

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

97 JUL 25 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P96000102359 (2)**  
1. Corporation Name  
**RISMAN RETAIL CORP.**

Principal Place of Business <b>24500 CGAGRUB BLVD SUITE 200 BEACHWOOD OH 44122</b>	Mailing Address <b>24500 CGAGRUB BLVD SUITE 200 BEACHWOOD OH 44122</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 24500 Chagrin Blvd.</b>	2a. Mailing Address <b>26 24500 Chagrin Blvd.</b>
Suite, Apt. #, etc. <b>22 Ste. 200</b>	Suite, Apt. #, etc. <b>27 Ste. 200</b>
City & State <b>23 Beachwood, Ohio 44122</b>	City & State <b>28 Beachwood, Ohio 44122</b>
Zip <b>24 44122</b>	Country <b>25 U.S.A.</b>
Zip <b>29 44122</b>	Country <b>30 U.S.A.</b>

3. Date Incorporated or Qualified <b>12/18/1996</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>34-1848244</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RISMAN, ROBERT R 2730 S OCEAN DR SUITE 704 PALM BEACH FL 33480</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	
TITLE	<b>President, Dir.</b> <input type="checkbox"/> DELETE
NAME	<b>Robert R. Risman</b>
STREET ADDRESS	<b>24500 Chagrin Blvd., Ste. 200</b>
CITY-ST-ZIP	<b>Beachwood, Ohio 44122</b>
TITLE	<b>Sec., Treas., Dir.</b> <input type="checkbox"/> DELETE
NAME	<b>William B. Risman</b>
STREET ADDRESS	<b>24500 Chagrin Blvd., Ste. 200</b>
CITY-ST-ZIP	<b>Beachwood, Ohio 44122</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>200002252282--3</b>
1.3 STREET ADDRESS	<b>-07/30/97--01045--020</b>
1.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ 07/22/97 216-464-5130

CR2E034 (4/97)

2012

RISMAN RETAIL CORP.  
24500 Chagrin Boulevard, Suite 200  
Beachwood, Ohio 44122  
(216) 464-5130

July 22, 1997

Division of Corporations  
Annual Reports Section  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Risman Retail Corp.  
- 1997 Profit Corporation Annual Report

Dear Sir/Madam:

Enclosed as requested is the completed 1997 Profit Corporation Annual Report regarding the above-referenced entity.

PLEASE NOTE: We NEVER received from your office the corporation's 1st Notice, most likely due to the fact that the corporation's street address indicated on the mailing envelope is illegible. Consequently, we phoned 904-488-9000 to discuss said issue, and at the advise of a representative from your office, we are enclosing a check in the amount of One Hundred Sixty Five Dollars (\$165.00) to cover the required 1st Notice filing fee. Furthermore, with regard to the pre-printed envelope provided for us to return the Annual Report, she advised us to change the P.O. Box number and the zip code indicated.

Should you have any questions concerning this matter, please do not hesitate to contact me collect at 216-464-5130.

Thank you for your cooperation.

Very truly yours,



Mindy Spero  
Corporate Paralegal

encl.