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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V41838

(6)

I. Corporation	H PROFIE	` '		t t	
NEXT, I	NC.				
Principal Place	e of Business	Mailing Address		O TORRE STATE STATE OF THE STAT	i dinai dinit arbit Gibii dinia dikat 1001
		1900 GLADES ROAD		· ·	
STE 355 BOCA RATON FL 33431 STE 355 BOCA RATON FL 33431-1			-7333		
US US			3. Date Incorporated or Qualified	3a. Date of Last Report	
				06/08/1992	04/23/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt #, etc.		Suite, Apt. #, etc.		65-0337224	Not Applicable \$8.75 Additional
22	# ₁ 610.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees
Ζ ₍ ρ	Country	Zıp	Country	B. This corporation has liability for	
24	25] g. Name and Address of Currer	29	30	Florida Statutes 10. Name and Address of New Re	Yes No
e01	HWARTZ, DAVID A. ESQUI	III nogisterou Agent	81 Nam		Aretero want
	1 W. BROWARD BLVD.				
SUITE #204			82 Stree	t Address (P.O. Box Number is Not Acceptal	ole)
	INTATION FL 33324		83		
			84 City		B5 Zip Code
027.0500 1.007.4500 50.000					FL 2
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was	utes, the above-name a authorized by the co	d corporation submits this statement for the proporation's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
	m ramiliar with, and accept the oblig	pations of, Section 507.0505, i	riorida Statutes.		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (N	OTE: Registered Agent signal.	re required when reinstating)	DATE
12.	·····	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D Comiskey, William F JR	L DELETE	1.1 TITLE	President	Change Addition
NAME STREET ADORESS	20350 COZUMEL CT		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY+ST-ZIP	Boca Raton, FL 33498-	1612 6712
TITLE		DELETE	2.1 TITLE	Vice President	Change X Addition
NAME		•	2.2 NAME	Daniel J. Clark	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-S1 ZIP			2. 4 CITY - ST - ZIP	Solon, Ohio 44116	
TITLÉ		☐ DELETE	3.1 TITLE	Treasurer	Change X Addition
NAME			3.2 NAME	Felicia P. Young	
STREET ADDRESS			3.3 STREET ADDRESS	22555 Center Ridge Ros	d, #308
CITY-ST-2IP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Rocky River, Ohio 4411	6 Change X Addition
NAME		C. Petere	4. 2 NAME	Secretary	C. Crange A Monton
STREET ADORESS			4.3 STREET ADDRESS	Anne L. Mayers	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	2985 Winthrop Road	1100
TITLE		DELETE	5.1 TITLE	Shaker Heights, Ohio 4	4122 Change X Addition
NAME			5.2 NAME	Director	**
STREET ADDRESS			5.3 STREET ADDRESS		
C(TY - ST - Z(P	······	T prieze	5.4 CITY - ST - ZIP	2985 Wintrop Road	7.100 []Obered []4200
TITLE		☐ DELETE	6.1 TITLE	Shaker Heights, Ohio 4	4122
NAME			6.2 NAME		

14. If 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 for 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 change of the analysis of the corporation with an address.

SIGNATURE

F. Comiskey, Jr. 04/16/97 561-338-0488

FILED

May 15 1997 8:00am

Secretary of State