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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 18 1997 8:00am  
Secretary of State

DOCUMENT # **V67560**

(5)

1. Corporation Name

**P. N. MANAGEMENT COMPANY**



Principal Place of Business

C/O I.F.D.  
777 YAMATO ROAD, #135  
BOCA RATON FL 33431  
US

Mailing Address

C/O I.F.D.  
777 YAMATO ROAD, #135  
BOCA RATON FL 33431-4406  
US

3. Date Incorporated or Qualified

**09/30/1992**

3a. Date of Last Report

**04/02/1996**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C/O I.F.D.  
777 YAMATO ROAD  
SUITE 135  
BOCA RATON FL 33431

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

1.1 TITLE ☐ DELETE

NAME **P**  
**ELRAD, MARTIN H**  
STREET ADDRESS **1320 HANNA BUILDING**  
CITY-ST-ZIP **CLEVELAND OH**

1.2 NAME ☐ DELETE

TITLE **S**  
NAME **HERCHEK, JAMES R**  
STREET ADDRESS **31200 SOLON RD #5**  
CITY-ST-ZIP **SOLON OH**

1.3 STREET ADDRESS ☐ DELETE

1.4 CITY-ST-ZIP ☐ DELETE

1.5 CITY-ST-ZIP ☐ DELETE

1.6 CITY-ST-ZIP ☐ DELETE

1.7 CITY-ST-ZIP ☐ DELETE

1.8 CITY-ST-ZIP ☐ DELETE

1.9 CITY-ST-ZIP ☐ DELETE

1.10 CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*James R. Herchek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/15/97*  
Date

*216-861-1100*  
Daytime Phone #

CR2E034 (9/96)