

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000022876 (4)**

1. Corporation Name
FC-MIRAMAR, INC.

Principal Place of Business
**10800 BROOKPARK ROAD
CLEVELAND OH 44130**

Mailing Address
**10800 BROOKPARK ROAD
CLEVELAND OH 44130**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/24/1994** 3a. Date of Last Report

4. FEI Number **34-1770934** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution **\$5.00** May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

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

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1. TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2. NAME	Monchein, Robert F.
STREET ADDRESS		3. STREET ADDRESS	10800 Brookpark Road
CITY - ST - ZIP		4. CITY - ST - ZIP	Cleveland, Ohio 44130
TITLE		21. TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22. NAME	Miller, Samuel H.
STREET ADDRESS		23. STREET ADDRESS	10800 Brookpark Road
CITY - ST - ZIP		24. CITY - ST - ZIP	Cleveland, Ohio 44130
TITLE		31. TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32. NAME	Smith, Thomas G.
STREET ADDRESS		33. STREET ADDRESS	10800 Brookpark Road
CITY - ST - ZIP		34. CITY - ST - ZIP	Cleveland, Ohio 44130
TITLE		41. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42. NAME	Ratner, Albert B.
STREET ADDRESS		43. STREET ADDRESS	10800 Brookpark Road
CITY - ST - ZIP		44. CITY - ST - ZIP	Cleveland, Ohio 44130
TITLE		51. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52. NAME	Ratner, Charles A.
STREET ADDRESS		53. STREET ADDRESS	10800 Brookpark Road
CITY - ST - ZIP		54. CITY - ST - ZIP	Cleveland, Ohio 44130
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(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 of this report, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL MILLER

4/28/95

216-267-1200