

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000022876 (4)

1. Corporation Name
FC-MIRAMAR, INC.



Principal Place of Business Mailing Address
10800 BROOKPARK ROAD CLEVELAND OH 44130

3. Date Incorporated or Qualified **03/24/1994** 3a. Date of Last Report **05/01/1995**
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 28. City & State
24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Print Name of Registered Agent) _____ (Print Name of Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONCHEIN, ROBERT F	12 NAME	
STREET ADDRESS	10800 BROOKPARK ROAD	13 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH	14 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SAMUEL H	22 NAME	
STREET ADDRESS	10800 BROOKPARK ROAD	23 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH	24 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, THOMAS G	32 NAME	
STREET ADDRESS	10800 BROOKPARK ROAD	33 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH	34 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATNER, ALBERT B	42 NAME	
STREET ADDRESS	10800 BROOKPARK ROAD	43 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH	44 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATNER, CHARLES A	52 NAME	
STREET ADDRESS	10800 BROOKPARK ROAD	53 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	100001894941
STREET ADDRESS		63 STREET ADDRESS	-07/16/96--01123--019
CITY - ST - ZIP		64 CITY - ST - ZIP	***225.00

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)(f), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X** *Samuel H. Miller* 7-8-96 216-267-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)