

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000032576 (6)

1. Corporation Name

F.C. EMERALD PALMS, INC.

Principal Place of Business

10800 BROOKPARK RD.  
CLEVELAND OH 44130-1199

Mailing Address

10800 BROOKPARK RD.  
CLEVELAND OH 44130-1199

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 730 TERMINAL TOWER	26 730 TERMINAL TOWER	34-1837963	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 50 PUBLIC SQ.	27 50 PUBLIC SQ.	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 CLEVELAND, OH	28 CLEVELAND, OH	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation owes or has paid the current year Intangible	
24 44113	29 44113	Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATNER, RONALD A.	1.2 NAME	
STREET ADDRESS	10800 BROOKPARK RD	1.3 STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ.
CITY-ST-ZIP	CLEVELAND OH	1.4 CITY-ST-ZIP	CLEVELAND, OH 44113
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATNER, JAMES A.	2.2 NAME	
STREET ADDRESS	10800 BROOKPARK RD	2.3 STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ.
CITY-ST-ZIP	CLEVELAND OH	2.4 CITY-ST-ZIP	CLEVELAND, OH 44113
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POHASKA, JAMES	3.2 NAME	
STREET ADDRESS	10800 BROOKPARK RD	3.3 STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ.
CITY-ST-ZIP	CLEVELAND OH	3.4 CITY-ST-ZIP	CLEVELAND, OH 44113
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, THOMAS G.	4.2 NAME	
STREET ADDRESS	10800 BROOKPARK RD	4.3 STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ.
CITY-ST-ZIP	CLEVELAND OH	4.4 CITY-ST-ZIP	CLEVELAND, OH 44113
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SAMUEL H.	5.2 NAME	
STREET ADDRESS	10800 BROOKPARK RD.	5.3 STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ.
CITY-ST-ZIP	CLEVELAND OH	5.4 CITY-ST-ZIP	CLEVELAND, OH 44113
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 as an attachment with an address.

SIGNATURE: X

216/621-6060

CR2E034 (10/97)