

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

FILED

May 20 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 # P96000071740 (0)

1. Corporation Name  
FC - NORTH 29, INC.

Principal Place of Business  
10800 BROOKPARK ROAD  
CLEVELAND OH 44130-1199

Mailing Address  
10800 BROOKPARK ROAD  
CLEVELAND OH 44130-1199



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 730 TERMINAL TOWER Suite, Apt. #, etc. 22 50 PUBLIC SQ. City & State 23 CLEVELAND, OH Zip 24 44113		2a. Mailing Address 26 730 TERMINAL TOWER Suite, Apt. #, etc. 27 50 PUBLIC SQ. City & State 28 CLEVELAND, OH Zip 29 44113		3. Date Incorporated or Qualified 08/28/1996	
				4. FEI Number 34-1842235	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P MONCHEIN, ROBERT	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	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VI MILLER, SAMUEL H.	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	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S SMITH, THOMAS G.	3.2 NAME	
STREET ADDRESS	10800 BROOKPARK RD	3.3 STREET ADDRESS	1100 TERMINAL TOWER, 50 PUBLIC SQ.
CITY-ST-ZIP	CLEVELAND FL	3.4 CITY-ST-ZIP	CLEVELAND, OH 44113
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 both attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/98

216/621-6060

CR2E034 (10/97)