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FILED
Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # F93000003385 (2)

1. Corporation Name
MALRITE COMMUNICATIONS GROUP, INC.



Principal Place of Business

**800 SKYLIGHT OFFICE TOWER
 1660 W. SECOND ST.
 CLEVELAND OH 44113-1454
 US**

Mailing Address

**800 SKYLIGHT OFFICE TOWER
 1660 W. SECOND ST.
 CLEVELAND OH 44113-1454
 US**

3. Date Incorporated or Qualified **07/23/1993** **3a. Date of Last Report** **04/10/1996**

4. FEI Number **34-1743761** 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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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	C <input type="checkbox"/> DELETE
NAME	MALTZ, MILTON
STREET ADDRESS	800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST.
CITY-ST-ZIP	CLEVELAND OH
TITLE	PC <input type="checkbox"/> DELETE
NAME	CHAFFEE, JOHN C JR
STREET ADDRESS	800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST.
CITY-ST-ZIP	CLEVELAND OH
TITLE	V <input type="checkbox"/> DELETE
NAME	FIGHT, KEVAN A
STREET ADDRESS	800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST.
CITY-ST-ZIP	CLEVELAND OH
TITLE	S <input type="checkbox"/> DELETE
NAME	MARRA, NICHOLAS M
STREET ADDRESS	800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST.
CITY-ST-ZIP	CLEVELAND OH
TITLE	V <input type="checkbox"/> DELETE
NAME	GREEN, MURRAY
STREET ADDRESS	800 SKYLIGHT OFFICE TOWER, 1660 W. 2ND ST.
CITY-ST-ZIP	CLEVELAND OH 44113
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nicholas M. Marra* **NICHOLAS M. MARRA** 2/20/97 216-781-3010
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)