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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

ANNOAL HE	$\overline{}$
1996	

DOCUMENT #

(8)

1. Corporation Name DA PONTIJIJI DIPLIJI MOTITIJI INDIANAMI

ENCY, INC.										
Principal Place	of Business	Mailing Address				f dablind, ich titti dinia mitt adita		#11 #121 1 #1 211	41411 41411 12E1	
ONE NATION	WIDE PLAZA	ONE NATIONWIDE P	LAZA							
COLUMBUS	OH 43215-2220	1-13-G1	E 0000							
U\$		COLUMBUS OH 4321 US	3-2220			3. Date Incorporated or Qualified 07/01/1991		of Last Re)5/01/19:	95	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number			applied For	
i		26				31-1316276			lot Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	
2		27			,	6. Election Campaign Financing			May Be	
City & State		City & State				Trust Fund Contribution			or May be d to Fees	
3	Courte	28	Cour	trv		8. This corporation has liability for i	ntangible t			
Zip ⊒1	Country 25	29	30	,		Florida Statutes 🔀 Yes				
1	9. Name and Address of Currer					10. Name and Address of New R	egistered	Agent		
	•	.,. <u></u>		61	Name					
רד רחם	RPORATION SYSTEM		-	82	Street Add	ress (P.O. Box Number is Not Acceptab	le)			
	PINE ISLAND ROAD			1	Street Add					
	TION FL 33324			83	//	···				
1 (2311)			}	84	City			85 Zi	o Code	
			ì		•	ration submits this statement for the pur and of directors. I hereby accept the app	Fl	-		
SIGNATURE _	Signature, typed or printed name of registered agen									
46				Agent	signature require	ed where reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AN	D DIRECTO	ORS IN 12	
	OFFICERS AN	r and title if applicable. () ID DIRECTORS [_] DELETE	NOTE: Registered 13. 1, 1 Ti		signature require	ed wher reinstaling) ADDITIONS/CHANGES TO OFF		D DIRECTO	DRS IN 12	
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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)(k). Florida Statutes. Nurther 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 hade undo 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:

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

CIMINERO, JOSEPH F.

ONE NATIONWIDE PLAZA

NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Robert O. Cline

One Nationwide Plaza

614-249-5844 Daytme Phone #