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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

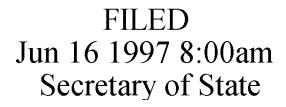
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600002934 (5)

209 ASSOCIATES, INC.

Principal Place of Business
209 E STATE ST

Mailing Address





209 E STATE :		209 E STATE ST COLUMBUS OH 43215-43	209 E STATE ST COLUMBUS OH 43215-4309									
							Date Incorporated or Qualifier 06/12/1996	d 3a. Da	te of L	ast Re	port	
	Place of Business	2a. Mailing Address					FEI Number				lied For	
Suite, Apt	# elc	Suite, Apt. #, etc.	Suite Ant # etc				31-1320706		69		Applicable ditional	
(1)		27	H ' ' '			5.	Certificate of Status Desired			e Req		
City & State	е	City & State	City & Stale			1	Election Campaign Financing					
23 Zip	Country Zip			Country			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,					
24	26 29 30			•		Florida Statutes Yes No						
	9. Name and Address of Curr	ent Registered Agent				10.	Name and Address of New	Registered /	\gent			
	ZEL, CHRISTOPHER		[8	31	Name							
	E HORATIO AVE #202 TLAND FL 32751		82 Street Add			ess (P.	O. Box Number is Not Accept	table)				
4	· en exert en en en et		ε	3	-							
			8	4	City	-		FL	85	Zip Ci	ode	
1 Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Elorida Statu	the altream	7	a.named corn	oration	n submite this statement for the		chano	ina ite	ronistored	
l office or r	registered agent, or both, in the Sta im familiar with, and accept the obl	te of Florida. Such change was	: authorized	hν	the corporati	ion's b	oard of directors. I hereby acc	ept the app	ointme	nt as re	egistered	
	m ramiliar with, and accept the ob-	igations of, Section 607.0003, P	TOTICIA STATU	165	•			•				
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NC	DTE Registered	\ger	nt signature require	ed when	reinstating)	DATE				
12.		ND DIRECTORS	13.			A	ADDITIONS/CHANGES TO OF	FICERS AND	_			
TITLE	DS DON MI	☐ DELETE	1.1 1111						L Cha	inge	☐ Addition	
NAME	CASTO, DON M III 209 E STATE ST		1.2 NAM									
STREET ADDRESS City-St-Zip	COLUMBUS OH 43215		1.3 STHEET ADDRESS 1.4 CITY - ST - ZIP									
TITLE	OPT OPT	DELETE	2 1 THL) - 21P				Cha	nge	Addition	
NAME	BENGON FORMS ON			22 NAME						•	_	
STREET ADDRESS	209 E STATE ST	23			ADDRESS							
CITY-ST-ZIP	COLUMBUS OH 43215		2 4 C/T	۲- S ¹	I - ZIP							
TITLE	DV	☐ DELETE	317111	E					☐ Cha	nge	Addition	
NAME	CASTO, WILLIAM G		3.2 NAM	IE								
STREET ADDRESS	209 E STATE ST		3 3 STREET ADDRESS									
CITY-ST-ZIP	COLUMBUS OH 43215			3 4. CITY - S1 - ZIP					☐ Cha	000	Addition	
TITLE NAME			4.1 TITL 4. 2 NAM							· ige		
STREET ADDRESS					ADDRESS						į	
CITY-ST-ZIP				4.3 STREET ADDRESS 4.4 CITY - S1 - ZIP								
TITLE	☐ DELETE			51 TITLE					☐ Cha	inge	☐ Addition	
NAME				AME								
STREET ADDRESS	,		5.3 STRE	ET /	ADDRESS							
CITY-ST-ZIP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5.4 CITY	- \$1	í - ZIP			~				
TITLE		☐ DELETE	61 TITL	F			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Cha	nge	Addition	
NAME			6.2 NAM	IE								
STREET ADDRESS			6.3 STR	£T /	ADDRESS							
CITY+ST-ZIP	by certify that the information suppl		6.4 CITY				ction 119 07(3\fi) Florida Stale					

juding for the exemption stated in section 1997(3)(i), nordal statutes. Further certifying the first the its true and appurate and that my signature shall have the same legal effect as if made under oath; that powered to execute this report as required by Chapter 607, Florida Statutes, and that my name

APR 8 0 1997