

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Sep 19 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 433870 (3)

1. Corporation Name
ARCHMORT DEVELOPMENT CORPORATION



Principal Place of Business C/O MICHAEL E. MORITZ 65 E. STATE ST. STE 2100 COLUMBUS OH 43215	Mailing Address C/O MICHAEL E. MORITZ 65 E. STATE ST. STE 2100 COLUMBUS OH 43215
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/27/1973	3a. Date of Last Report 07/19/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1481633	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent LINSCOTT, JERRY R. 2300 SUN BANK CENTER ORLANDO FL 32801		10. Name and Address of New Registered Agent	
B1 Name			
B2 Street Address (P.O. Box Number is Not Acceptable)			
B3			
B4 City	FL	B5 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	DV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYE, LEWIS W	1.2 NAME	
STREET ADDRESS	555 SOUTH THIRD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORITZ, MICHAEL E	2.2 NAME	
STREET ADDRESS	65 EAST STATE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP	
TITLE	DPT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAN, JAMES H	3.2 NAME	
STREET ADDRESS	CROOKED MILE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAHANNA OH	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROTT, KARA J.	4.2 NAME	
STREET ADDRESS	2139 CHESHIRE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	4.4 CITY-ST-ZIP	
TITLE		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		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 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: *James H. Bean* **JAMES H. BEAN** 9.11.97 604/724-7300

CF2E034 (4/97)