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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 465184

FORCE V CORPORATION

Principal Place of Business Mailing Address													
312 WALNUT 26	3 FL	2 WALNUT ST. 28TH FLO	OOR										
PO BOX 5380			P O BOX 5380										
CINCINNATI OH 45201			CINCINNATI OH 45201					DO NOT WRITE IN THIS SPACE					
US		US	5					3. Date Incorporated or Qualifed				1	
	· · · · · · · · · · · · · · · · · · ·							11/19/1974 4. FEI Number		——		ied For	
2. Principal Place of Business			2a. Mailing Address					59-1562028		$\vdash$	- ' '	Applicable	
21			Suite Ant # ata					39-1302020		¢9.7		ditional	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					<ol><li>Certifcate of Status Desired</li></ol>		•	Regu		
22			27 City & State										
City & State			City & State					6—Election Campaign Financing— Trust Fund Contribution			ed to	lay Be =-	
23	Country	28	7:	Cou	-t						30 10	1 663	
Zip	Country	Ь	Zip	_	шу			8. This corporation owes the current	nt year into	angibie ⊠Yes	г	JNo Ì	
24	25	29	-4	30				Personal Property Tax.  10. Name and Address of New Re	nistered .				
	9. Name and Address of Current	Kegn	stered Agent		81	Name		10. Name and Address of New Ne	gistered	190			
CT C	ORPORATION SYSTEM				-								
1200 S. PINE ISLAND ROAD						Street A	Address (P.O. Box Number is Not Acceptable)						
	TATION FL 33324				00						—		
					83								
	CANADA RESERVE OF				84	City				85 Z	ip Co	ode	
	Modern Tracks					·			<u> </u>	بلل	<del></del> -		
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 6	607.1508, Florida Statute	es, the at	by	e-named o	corpora	ition submits this statement for the p s board of directors. I bereby accept	urpose of the appoin	cnanging ntment as	, its re s reai	egisterea stered	
agent. I ar	π familiar with, and accept the obligati	ons of	f, Section 607.0505, Flor	rida Statu	ites.		, auoi i		<b></b>				
SIGNATURE													
	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE	: Registered	Agen	ıt signature re	equired wh	hen reinstating)	DATE				
12.	OFFICERS AND	DIR		13.				ADDITIONS/CHANGES TO OFF	ICERS AN				
TITLE \	Р		☐ DELĒTĒ	1,1 TIT	LE					☐ Chan	ge	☐ Addition	
NAME	LEVI, MICHAEL A.			1.2 NA	ME								
STREET ADDRESS	1225 AIRPORT RD			1.3 ST	REET	ADDRESS						)	
CITY-ST-ZIP	DESTIN FL			1.4 CF	Y-\$1					470.01			
TITLE '	V		☐ DELETE	2.1 TIT	LE		V/0	_		E Chan	ge	☐ Addition	
NAME	CASTELLINI, D. J.			2.2 NA	ME		LAST	ELLINI, DANIBL J.	-1000		•		
STREET ADDRESS	312 WALNUT ST, 28TH FLOOR			2.3 ST	REET	ADDRESS	312 (	WALNUT STREET, 28th	rcoon			ļ	
CITY-ST-ZIP	CINCINNATI OH			2.4 CI	TY-S	T-ZIP	CINIC	INMATI, OH					
TITLE	T		☐ DELETE	3.1 111	LE			-	· . • ·	Chan	ge	☐ Addition	
NAME	WOLFZORN, E JOHN			3.2 NA	ME								
STREET ADDRESS	312 WALNUT STREET, 28TH FL	OOR	1	3.3 ST	REET	ADDRESS						ļ	
CITY-ST-ZIP	CINCINNATI OH			3.4. CI	TY-S	T-ZIP							
TITLE	D		<b>∑</b> DELETE	4.1 TIT			D			<b>⊞</b> *Chan	ge	Addition	
NAME	LESER, L. A.			4. 2 N	ME	ŀ	BURL	BIGH, WILLIAM R.	_, •				
STREET ADDRESS	312 WALNUT ST, 28TH FLOOR			4.3 ST	REET	ADDRESS	3126	NALNUT STEART, 28th	FLOOR	-		}	
CITY-ST-ZIP	CINCINNATI OH			4.4 CII			un	CINNATI, OH					
TILE	D		DELETE	5.1 TIT			D			Chan	ige	Addition	
NAME	SCRIPPS, CHARLES E.			5.2 NA			HORT	on, Alan. M.					
STREET ADDRESS	312 WALNUT ST, 28TH FLOOR		-	5.3 ST	REET	ADDRESS	319	WALMUT STREET, DEL	- F-LOOK	-			
CITY-ST-ZIP	CINCINNATI OH			5.4 CII	Y-S			CLNNATI, OH					
TITLE	S		☐ DELETE	6.1 TIT						Chan	<del>ge</del>	Addition	
NAME	KUPRIONIS, M. DENISE		-	6.2 NA	ME							Ì	
STREET ADDRESS	312 WALNUT STREET, 28TH FL	OOR	1	6.3 ST	REET	ADDRESS						ļ	
O INCLIMENTED I				_									

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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: Date:

**CINCINNATI OH** 

CITY-ST-ZIP