SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 23 AM 8:39

DOCUMENT # **857669** **(6)**

1. Corporation Name

COLONIAL AMERICAN DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
400 SOUTH FIFTH ST. STE 400 COLUMBUS OH 43215 US	400 SOUTH FIFTH ST. STE 400 COLUMBUS OH 43215 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/08/1983**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **31-0807418** ☐ 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

9. Name and Address of Current Registered Agent

BRADY, JAMES L.
1318 SE 2ND AVE.
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	KONTOGIANNIS, GEORGE J.	12 NAME	
STREET ADDRESS	380 SOUTH FIFTH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	KOSTIVAL, JON D.	22 NAME	
STREET ADDRESS	6373 DUMMERSTON CT.	23 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	KOSTIVAL, JON D.	32 NAME	
STREET ADDRESS	6373 DUMMERSTON CT.	33 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH	34 CITY-ST-ZIP	
TITLE	PT	41 TITLE	☐ Change ☐ Addition
NAME	PALMER, RANDALL B.	42 NAME	
STREET ADDRESS	5702 HODDINGTON DR.	43 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MAISTROS, MARY	52 NAME	
STREET ADDRESS	101 WINDEMERE ST.	53 STREET ADDRESS	
CITY-ST-ZIP	ST.CLAIRSVILLE OH	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MAISTROS, MICHAEL M.	62 NAME	
STREET ADDRESS	101 WINDEMERE ST.	63 STREET ADDRESS	
CITY-ST-ZIP	ST.CLAIRSVILLE OH	64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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 added by attachment with an address.

SIGNATURE: X George J. Kontogiannis 6-12-95 (614)224-2083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0176303 FP