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Jun 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

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 43215-5492 US

3. Date Incorporated or Qualified: 09/08/1983
3a. Date of Last Report: 06/24/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KONTOGIANNIS, GEORGE J.		1.2 NAME	
STREET ADDRESS	380 SOUTH FIFTH ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KOSTIVAL, JON D.		2.2 NAME	
STREET ADDRESS	6373 DUMMERSTON CT.		2.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KOSTIVAL, JON D.		3.2 NAME	
STREET ADDRESS	6373 DUMMERSTON CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH		3.4 CITY-ST-ZIP	
TITLE	PT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PALMER, RANDALL B.		4.2 NAME	
STREET ADDRESS	5702 HODDINGTON DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MAISTROS, MARY		5.2 NAME	200002219622
STREET ADDRESS	101 WINDEMERE ST.		5.3 STREET ADDRESS	-06/23/97--01075--020
CITY-ST-ZIP	ST.CLAIRSVILLE OH		5.4 CITY-ST-ZIP	***165.00
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MAISTROS, MICHAEL M.		6.2 NAME	CC 6-20
STREET ADDRESS	101 WINDEMERE ST.		6.3 STREET ADDRESS	
CITY-ST-ZIP	ST.CLAIRSVILLE OH		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: _____ Pres. 6-17-97