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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300000433 (3)

225 MERCHANDISING V, INC.

FILED Mar 24 1997 8:00am Secretary of State



| Principal Prepared Business | | Mailing Address | | | A FORTINGE THEN IDIRA WINT BOOK ONTO BRIST ORIST ORDIN BOOK BARDS TREES HIS INCC | | | |
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| THREE LIMITED PARKWAY COLUMBUS OH 43230 | | THREE LIMITED PARKWAY COLUMBUS OH 43230-1467 | | | | | | |
| | | | | | 3. Date Incorporated or Qua 01/28/1993 | ١ | te of Last 20/1996 | Report |
| 2 Principa Piass of Businers | | 2a. Mailing Address 26 | | | 4. FEI Number | ······································ | | pplied For |
| | | | | | 31-1286163 | | Not Applicable | |
| - State, Apr. #, etc | | Suite, Apt #, etc. | | | 5. Certificate of Status Desir | ed 🔲 | | Additional Required |
| City & State | | City & State | | | 6. Election Campaign Finance | ping | \$5.00 | May Be |
| | | 28 | | | Trust Fund Contribution | | | to Fees |
| Ζ φ | Country | Ζφ | Country | | 8. This corporation has liabil | | _ | s. 199.032. |
| o Na | 25 me and Address of Curr | 29 | 30 | | Florida Statutes 10. Name and Address of N | Yes [| | |
| | and the second second second | ant negistered Agent | 81 | Name | TO, INGINE BITO ACCIONS OF IN | ew Hegisteleu | - Gent | |
| | PRATION SYSTEM | | - | | (C.C. P.) | | | |
| 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | 82 | Street Ado | dress (P.O. Box Number is Not Ac | ceptable) | | |
| FUNITATIO | N 1 L 00024 | | 83 | | | | | |
| | | | 84 | | | | les 7. | Code |
| | | | 54 | City | | FL | 85 Zip | Code |
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I. I do be elsy 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 is a nife at the same legal effect as if made under oath; that have an effect 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 to Block 12 or Block 13 if changed or on an attachment within address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97 614-479-2518