## -FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

|   | MEN   # F9300<br>INGTON VENTURES, INC.  | 0001414 (2)   |                                |                      |  |                                   |               |  |
|---|---|---|--------------------------------|----------------------|--|-----------------------------------|---------------|--|
| Principal Place<br>1205 DEARBOI<br>COLUMBUS O     |   | Mailing Address<br>1206 DEARBORN DRIVE<br>COLUMBUS OH 43085-476       | •                              |                      |  | 141 <b>0</b> 0419 6090 3101 01001 |               |  |
|   |   |   |                                |                      | 3. Date Incorporated or Qualified 03/17/1993   | 3a. Date of Last R<br>02/05/1996  | Report        |  |
| 2. Principal F                                    | Place of Business   | 2a. Mailing Address   | ****                           | <del></del>          | 4. FEI Number  |                                   | oplied For    |  |
| 21  |   | 26  |                                |                      | <b>31-1356857</b> Not Applicable   |                                   |               |  |
| Suite, Apt  | #, etc.   | Suite, Apt #, etc.  | <del></del>                    |                      | 5. Certificate of Status Desired   |                                   | Additional    |  |
| 22 City & Stat                                    |   | City & State  | City & State                   |                      | 6. Election Campaign Financing \$5.00 May Be   |                                   |               |  |
| 23  | W.  | <u>├</u> ─┐ '   | 28                             |                      | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution □ Added to Fees   |                                   |               |  |
| Zip   | Country   | Zip   | Country                        |                      | 8. This corporation has liability for intangible tax under s. 199.032,   |                                   |               |  |
| 24  | 25 29 30 30 9, Name and Address of Current Registered Agent                   |   |                                | - <u> </u>           | Florida Statutes Yes No  10. Name and Address of New Registered Agent  |                                   |               |  |
| OT .  |   | eur uaðisteran víðaut   | 81                             | Name                 | 10. Marita and Address of New F  | redistered Water                  |               |  |
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD |   |   |                                | <u> </u>             | 40.0 D. M. de de la Maria dela Maria del Maria de la Maria dela Maria dela Maria dela Maria de la Maria dela Maria de la Maria de la Maria de la Maria de la Maria dela Mari |                                   |               |  |
|   | NTATION FL 33324  |   | 82 Street Add                  |                      | dress (P.O. Box Number is Not Accept   | able)                             |               |  |
|   |   |   | 83                             |                      |  |                                   | ]             |  |
|   |   |   | 64                             | City                 |  | FL 85 Zip                         | Code          |  |
| 11. Pursuant                                      | to the provisions of Sections 607.0   | 502 and 607.1508, Florida Statu                                       | tes, the abov                  | e-named cor          | poration submits this statement for the  | purpose of changing i             | ts registered |  |
| office or agent. La                               | registered agent, or both, in the Sta<br>am familiar with, and accept the obt | ite of Floridal Such change was<br>ligations of, Section 607.0505, Fl | autnorized b<br>lorida Statute | y the corpora<br>is. | poration submits this statement for the ation's board of directors. I hereby acc   | ept the appointment as            | registered    |  |
| SIGNATURE   |   |   |                                |                      |  |                                   |               |  |
| 12.   | Signature type dior printed name of registered in OFFICERS A                  | ND DIRECTORS (NO  | 13,                            | ent signature requ   | ired when reinstating)  ADDITIONS/CHANGES TO OFF   | DATE<br>ICERS AND DIRECTOR        | RS IN 12      |  |
| 1171.8  | DVP DELETE  |   | 1.1 TITLE                      |                      |  | ☐ Change                          | Addition      |  |
| NAME  | FERKANY, EDWARD A   |   | 1.2 NAME                       |                      |  |                                   |               |  |
| STREET ADDRESS                                    | 1205 DEARBORN DRIVE   |   | 1.3 STREE                      | t address            |  |                                   |               |  |
| CHY-ST-ZIP  | COLUMBUS OH 43085   | L) DELETE   | 1.4 CITY -<br>2.1 TITLE        | ST-ZiP               |  | Change                            | Addition      |  |
| NAME  | MALENICK, DONAL H   | LJ occur  | 2.1 THE<br>2.2 NAME            |                      |  | [_] Ollarige                      | L. Addition   |  |
| STREET ADDRESS                                    | 1205 DEARBORN DRIVE   |   |                                | T ADDRESS            |  |                                   | {             |  |
| C(1Y - S1 - ZIP                                   | COLUMBUS OH 43085   |   | 2. 4 CITY                      | ST-ZIP               |  |                                   |               |  |
| T-TLE   | VPT   | ☐ DELETE  | 3.1 TITLE                      |                      |  | ☐ Change                          | Addition      |  |
| NAME<br>SAME ADDRESS                              | BARGER, DONALD G JR<br>1205 DEARBORN DRIVE                                    |   | 3.2 NAME                       | T ADDDSSS            |  |                                   | Ì             |  |
| STREET ADDRESS                                    | COLUMBUS OH   |   |                                | T ADDRESS            |  |                                   | Ì             |  |
| C-TY-ST-ZIP<br>TITLE                              | S   | ☐ DÉLETE  | 3.4. CITY-<br>4.1 TITLE        | 31~ZIF               |  | Change                            | Addition      |  |
| NAME  | BRINKMAN, DALE T  | <del></del> -   | 4. 2 NAME                      |                      |  | ··· <b>·</b>                      |               |  |
| STREET ADDRESS                                    | 1205 DEARBORN DRIVE   |   | 4.3 STREE                      | T ADDRESS            |  |                                   |               |  |
| CITY - ST - 71P                                   | COLUMBUS OH 43085   |   | 4.4 DITY-                      | ST-ZIP               |  |                                   |               |  |
| TITLE   | VD<br>KLISARES, PETE A  | ☐ DELETE  | 5.1 TITLE                      |                      |  | ☐ Change                          | ☐ Addition    |  |
| NAME<br>STREET ADDRESS                            | 1205 DEARBORN DR  |   | 5.2 NAME                       | T ADDRESS            | •  |                                   |               |  |
| CITY - \$1-ZIP                                    | COLUMBUS OH   |   | 5.4 GITY-                      | 1                    |  |                                   |               |  |
| THE   |   | ☐ DELETE  | 6.1 TITLE                      | -                    |  | ☐ Change                          | Addition      |  |
| NAME  |   |   | 6.2 NAME                       |                      |  |                                   |               |  |
| STREET ADDRESS                                    |   |   | 63 STREE                       | T ADDRESS            |  |                                   |               |  |
| C(1) y - \$1 - 7 (P                               |   |   | 6.4 CITY-                      | ST-ZIP               |  |                                   | 1             |  |

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. ILE 1: 1)
RECTE Brinkman, Secretary 3-13-97 (614) 438-3001 Daysime Phone # SIGNATURE:

050617B

**FILED** 

Apr 08 1997 8:00am

Secretary of State