

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000001758 (1)

1. Corporation Name

STANFORD EQUITY CORP



Principal Place of Business

Mailing Address

1800 MOLER RD.  
COLUMBUS OH 43207

1800 MOLER RD.  
COLUMBUS OH 43207

3. Date Incorporated or Qualified

04/06/1994

3a. Date of Last Report

07/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

31-1376808

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

10. Name and Address of New Registered Agent

SCHOTTENSTEIN, JEFFREY  
1110 BRICKELL AVE., #405  
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 SUITE 210

84 City MIAMI

FL

85 Zip Code 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Signature, typed or printed name of the registered agent, if different from above.

(If not, Registered Agent signature required when resubmitting.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDC  
NAME SCHOTTENSTEIN, JEFFREY  
STREET ADDRESS 1110 BRICKELL AVE., #405  
CITY-STATE-ZIP MIAMI FL 33131

TITLE STD  
NAME SHEETZ, W E  
STREET ADDRESS 1717 MAIN ST., 20TH FLOOR  
CITY-STATE-ZIP DALLAS TX 75201

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11 TITLE PDC  
12 NAME SCHOTTENSTEIN, JEFFREY  
13 STREET ADDRESS 1201 BRICKELL AVE #210  
14 CITY-STATE-ZIP MIAMI FLORIDA 33131

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY SCHOTTENSTEIN

DATE

PRINTED NAME

305 3112 024

CR2E034 (3/96)