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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F9400001925 (6)

FILED Apr 01 1997 8:00am Secretary of State

Principal Pla	ice of Business OURT STREET #200E OH 45202	250 W	ig Address /EST COURT STREI NNATI OH 45202-10		,— 1867							
								3. Date Incorporated or Qualified 04/13/1994		ate of Las 12/199	•	
2. Principal	Place of Business	2a. M	ailing Address					4. FEI Number			Applied F	or
21		26						31-1264986			Not Applic	
Suite, Apl	t#, etc	F ~~	uite, Apt. #, etc.					5. Certificate of Status Desired			5 Addition Required	al
22 City & Sta	ale	[27] Ci	ty & State					6. Election Campaign Financing			-	
23		28	.,					Trust Fund Contribution			00 May Book to Fees	
Zip	Country	7	p	Cou	untry			8. This corporation has liability for				
24	25	29		30					Yes [
	9. Name and Address of Curr	rent Register	ed Agent					10. Name and Address of New R	egistered	Agent		
TH	IE PRENTICE-HALL CORPORATI	ION SYSTEM	A, INC.		81	Nam	e					
12	01 HAYS STREET				82	Stree	t Addre	ess (P.O. Box Number is Not Accepta	ıble)			
	JITE 105				-							
TA	LLAHASSEE FL 32301				83							
					84	City			F*1	85 2	ip Code	
		·							FL			
		ate of Florida. digations of, S	Such change was ection 607.0505, F	authorize Iorida Sta	d by	a-name / the co s.	orporatio	oration submits this statement for the on's board of directors. I hereby acce	ept the app	Johnmen		ายนั
SIGNATURE	fegnation typed or printed name of registered		oplicable (NC	TE Registere	ed Age			on's board of directors. I hereby acce of when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIRECT	ORS IN 12	
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roor natedy commended in this annual report of uniform time goes not quarry for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the colorination 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 efficer 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:

Manual Chang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR