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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:40

DOCUMENT # **F94000002360 (5)**

1. Corporation Name
CTF CENTRAL CORPORATION

Principal Place of Business	Mailing Address
SUITE 400 2655 LEJEUNE ROAD CORAL GABLES FL 33134	SUITE 400 2655 LEJEUNE ROAD CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2655 Le Jeune Road	26 2655 Le Jeune Road
Suite, Apt. #, etc.: 22 Suite 800	Suite, Apt. #, etc.: 27 Suite 800
City & State: 23 Coral Gables, FL	City & State: 28 Coral Gables, FL
Zip: 24 33134 Country: 25	Zip: 29 33134 Country: 30

4. FEI Number: 34-1611712 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 Section 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: CHOI, JAMES K STREET ADDRESS: 2655 LEJEUNE ROAD, SUITE ~~400~~ 800 CITY-ST-ZIP: CORAL GABLES FL 33134	11 TITLE: Director/ Vice Pres. ☐ Change ☒ Addition 12 NAME: Thomas G. Stauffer 13 STREET ADDRESS: 29800 Bainbridge Road 14 CITY-ST-ZIP: Solon, OH 44139
TITLE: ~~DV~~ Vice Pres. NAME: RIECK, ERWIN STREET ADDRESS: 2655 LEJEUNE ROAD, ~~SUITE 400~~ 800 CITY-ST-ZIP: CORAL GABLES FL 33143	21 TITLE: Assistant Secretary ☐ Change ☒ Addition 22 NAME: Lawrence E. Martin 23 STREET ADDRESS: 29800 Bainbridge Road 24 CITY-ST-ZIP: Solon, OH 44139
TITLE: ~~VTSD~~ Director/Vice Pres. NAME: OLESEN, ROBERT W STREET ADDRESS: 2655 LEJEUNE ROAD, ~~SUITE 400~~ 800 CITY-ST-ZIP: CORAL GABLES FL 33134	31 TITLE: Assistant Secretary ☐ Change ☒ Addition 32 NAME: Bradley D. Hornbacher 33 STREET ADDRESS: 2655 Le Jeune Road, Suite 800 34 CITY-ST-ZIP: Coral Gables, FL 33134
TITLE: ~~VAS~~ Vice Pres/Secretary NAME: HEININGER, KARL D STREET ADDRESS: 2655 LEJEUNE ROAD, ~~SUITE 400~~ 800 CITY-ST-ZIP: CORAL GABLES FL 33134	41 TITLE: ☐ Change ☐ Addition 42 NAME: 43 STREET ADDRESS: 44 CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	51 TITLE: ☐ Change ☐ Addition 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	61 TITLE: ☐ Change ☐ Addition 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:

14. I hereby certify that the information supplied with this report is complete and accurate for the corporation listed in Section 1 (Item 1), 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 with an address, with an "X" in the box.

SIGNATURE: K. Heininger 4/22/95 (305)460-1900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER

K. Daniel Heininger, Vice President/Secretary

0141402 CP