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FILED
Jun 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000002360 (5)

1. Corporation Name
CTF CENTRAL CORPORATION



Principal Place of Business
29800 BAINBRIDGE ROAD
SUITE 800
SOLOH OH 44139-2297
US

Mailing Address
29800 BAINBRIDGE ROAD
ATTN: TAX DEPT.
SOLOH OH 44139-2202
US

3. Date Incorporated or Qualified
05/06/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Zip Country

27 Zip Country

28 Zip Country

29 Zip Country

30 Zip Country

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 Sections 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
PD	CHOI, JAMES K	17/F NEW WORLD TOWER II	16-18 QUEEN'S RD. HO	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP	RIECK, ERWIN	2655 LEJEUNE ROAD SUITE 800	CORAL GABLES FL	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
DVPT	OLESEN, ROBERT W	29800 BAINBRIDGE ROAD	SOLOH OH	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
VPS	HENNINGER, KARL D	29800 BAINBRIDGE ROAD	SOLOH OH	1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
DVP	STAUFFER, THOMAS G.	29800 BAINBRIDGE ROAD	SOLOH OH	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
AS	HORNBAKER, BRADLEY	29800 BAINBRIDGE RIAD	SOLOH OH	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
				2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
				2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
				3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
				3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
				3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
				4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
				4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
				4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
				5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
				5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
				5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
				6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
				6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
				6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE
5/30/97 12:42:00 PM

CR2E034 (9/96)