

FILE NOW: FILING FEE AFTER MAY 1ST IS \$250.00-

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90007 020 ***150.00

PROFIT
 UNIFORM BUSINESS
 ANNUAL REPORT
 2000



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000006461

1. Corporation Name
 OTTAWA PROPERTIES, INC.

✓ R



Principal Place of Business
 8000 YANKEE RD.
 OTTAWA LAKE MI 49267

Mailing Address
 PO BOX 931
 TOLEDO OH 43697

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

3. Date Incorporated or Qualified
 12/19/1994

4. FEI Number
 38-3057047 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 owes the current year Intangible Personal Property Tax. 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS DELETE

TITLE	President	<input type="checkbox"/> DELETE
NAME	A. Calvin Axtell Jr.	
STREET ADDRESS	515 Congress Ave, Suite 11012	
CITY-ST-ZIP	Austin TX 78701	
TITLE	CFD Vice Pres./Director	<input type="checkbox"/> DELETE
NAME	Neal Barnard	
STREET ADDRESS	1801 Richards Rd.	
CITY-ST-ZIP	Toledo OH 43607	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	GARY GOLDEN	
STREET ADDRESS	1801 Richards Rd.	
CITY-ST-ZIP	Toledo, OH 43607	
TITLE	Asst. Treasurer	<input type="checkbox"/> DELETE
NAME	Wyndolyn Small	
STREET ADDRESS	600 Beaver Creek	
CITY-ST-ZIP	Maumee OH 43537	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Edward J. Shultz	
STREET ADDRESS	1801 Richards Rd.	
CITY-ST-ZIP	Toledo OH 43607	
TITLE	SEE Attached	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with a power like empowered.

SIGNATURE: Wyndolyn Small Assistant Treasurer Date: 4-20-00 (419) 897-7380
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

A0069720



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 7, 2000

OTTAWA PROPERTIES, INC.
8000 YANKEE RD.
OTTAWA LAKE, MI 49267

Please Mail Annuals to:
PO Box 931
Toledo OH 43697
Attention: Sales Tax Dept

Subject: OTTAWA PROPERTIES, INC.

Reference Number: F94000006461

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

* **TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

- 850-487-6089

(2)

/FV

ANNUAL REPORTS SECTION

F94000006461

DATE 04/25/2000 CHECK NUMBER 10001532 17187

INVOICE NUMBER	INVOICE DATE	VOUCHER NUMBER	VOUCHER DUE DATE	GROSS AMOUNT	DISCOUNT	NET AMOUNT
042500OTTAWA	04/25/2000	VOCH002407	04/25/2000	\$150.00 88-3057047		\$150.00 A0069720
PRINT BATCH NUMBER 88	VENDOR CODE VEN000277	PAY TO NAME FLORIDA		GROSS TOTAL	DISCOUNT TOTAL	NET TOTAL \$150.00

This check has been voided! Check # 10002520 was cut.

Dana Commercial Credit
Division
P.O. Box 906
Toledo, Ohio 43697-0906

Key Bank
Cleveland, Ohio
USA
56-704/412

DATE 04/25/2000 CHECK NUMBER 10001532

PAY One hundred fifty and no/100 *****

Void if not cashed within 90 days

THE FLORIDA DEPARTMENT OF STATE
ANNUAL REPORT FILINGS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

AMOUNT \$150.00*****

DUPLICATE CHECK
NOT NEGOTIABLE

Audited By