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FILED
Mar 27 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 # F96000002773 (7)

1. Corporation Name
CARDINAL APARTMENT SERVICES, INC.



Principal Place of Business
6954 AMERICANA PKWY
REYNOLDSBURG OH 43068

Mailing Address
6954 AMERICANA PKWY
REYNOLDSBURG OH 43068-4115

3. Date Incorporated or Qualified
05/31/1996

3a. Date of Last Report

4. FEI Number
31-1434618

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

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

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

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
85 Zip Code
FL

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 type (or printed name of registered agent and FEI, if applicable) _____ (INDICATE Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	BARTLING, JOHN B	
STREET ADDRESS	6954 AMERICANA PKWY	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BLACKMORE, DAVID P	
STREET ADDRESS	6954 AMERICANA PKWY	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, MARK D	
STREET ADDRESS	6954 AMERICANA PKWY	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MEYER, JEFFREY D	
STREET ADDRESS	6954 AMERICANA PKWY	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KOEGLER, RONALD P	
STREET ADDRESS	6954 AMERICANA PKWY	
CITY - ST - ZIP	REYNOLDSBURG OH 43068	
TITLE		<input type="checkbox"/> DELETE

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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Solid, Paul R.	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	V/CRO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Thompson, Mark D.	
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	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Sosh, Michael F.	
6.3 STREET ADDRESS	6954 Americana Parkway	
6.4 CITY - ST - ZIP	Reynoldsburg, OH 43068	

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 included 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: *Jeffrey D. Meyer* JEFFREY D. MEYER SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR
Date: (6/14) 575-5223 Daytime Phone: #

CR2E034 (9/96)