

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Jan 29 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # F97000005031 (6)**  
1. Corporation Name  
**MODE OF OHIO CORPORATION**



Principal Place of Business      Mailing Address  
**300 E STROOP RD.  
DAYTON OH 45429**      **300 E STROOP RD.  
DAYTON OH 45429**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **2a. Mailing Address**  
**21**      **26**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**22**      **27**  
City & State      City & State  
**23**      **28**  
Zip      Country      Zip      Country  
**24**      **25**      **29**      **30**

**3. Date Incorporated or Qualified**  
**09/25/1997**

**4. FEI Number**      Applied For  
**31-1211840**      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 or has paid the current year Personal Property Tax due June 30.**       Yes       No **OK**

**9. Name and Address of Current Registered Agent**

**STROM, JERRY  
5111 OCEAN BLVD.  
SARASOTA FL 34242**

**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**       DELETE

TITLE	<b>PVT</b>	<input type="checkbox"/> DELETE
NAME	<b>HAWTHORNE, SARA S</b>	
STREET ADDRESS	<b>1476 W. ALEX-BELL RD.</b>	
CITY-ST-ZIP	<b>DAYTON OH 45459</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>SPAYD, ROBERT V</b>	
STREET ADDRESS	<b>4 RUE ROYALE</b>	
CITY-ST-ZIP	<b>DAYTON OH 45459</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**       Change       Addition

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.**

**SIGNATURE**      *[Handwritten Signature]*      *Un-last*

CR2E034 (10/97)