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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P13451

(0)

FILED Apr 11 1997 8:00am Secretary of State

%C T CORPC 1220 DUSSEL TOLEDO OH		Mailing Address -469 WEST-DUSSEL-DR1229 DUSSEL-DR.: P.O. BOX 772 TOLEDO OH 43697-0772 US		3. Date Incorporated or Qualified 3a. Date of Last Report 03/03/1987 06/19/1996	
~ı '	Place of Business	2a. Mailing Address	002	4, FEI Number	Applied For
Suite Ap) # ote	26 <i>P. O. Box</i> Suite, Apt. #, etc.	772	13-3360612	Not Applicable \$8.75 Additional
22	n. n ₁ otto	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State	2 (/	6. Election Campaign Financing	\$5.00 May Be
23) #70 Santa	Trust Fund Contribution	Added to Fees
Zıp ≥4	Country 25	29 43697 3	Country USA	This corporation has liability for Florida Statutes	r intangible tax under s. 199.032, Yes 🏿 No
41	9, Name and Address of Currer		1 0-32-4	10. Name and Address of New R	
CT	CORPORATION SYSTEM		81 Name		***
	00 S. PINE ISLAND ROAD		82 Street Add	Iress (P.O. Box Number is Not Accepta	ablo!
	ANTATION FL 33324		Street Add	TOSS (1", O. DOX MUNIOR IS NOT ACCEDES	ano)
	· · · · · · · · · · · · · · · · · · ·		83		
			84 City		85 Zip Code
	nt to the provisions of Sections 607.050				FL]]
				ition's board of directors. I hereby acce	
SIGNATURE	Signature, typed or printed name of registered ag-		Registered Agent signature requi	ired when reinslating)	DATE
SIGNATURE 12. Title	Signature, typed or printed name of registered ago OFFICERS AN	ent ano title if applicable (NOTE: ID DIRECTORS DELETE			DATE
12.	Signature, typed or printed name of registered ag-	ID DIRECTORS	Registered Agent signature requi	ired when reinslating)	DATE ICERS AND DIRECTORS IN 12
12. Trick	Signature bjed or printed name of registered ag OFFICERS AN PD MAXWELL, ROBERT L.	ID DIRECTORS	Registered Agent signature requi	ired when reinslating)	DATE ICERS AND DIRECTORS IN 12
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4. I do hereby certify that the information supplied with this filling 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 type and accurate and that my signature shall have the same legal effect as if made under oath; the Lam 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

INATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/97 419-893-2000

0606338