

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996

DOCUMENT # P15377

(5)

1. Corporation Name

RUSS VENTURE GROUP, INC.



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



Principal Place of Business

2642 INDIAN RIPPLE RD
DAYTON OH 45440
US

Mailing Address

3600 NELSONS WALK
NAPLES FL 33940-7869
US

2. Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

RUSS, DOLORES H.
3600 NELSONS WALK
NAPLES FL 33940

3. Date Incorporated or Qualified

07/28/1987

3a. Date of Last Report

02/13/1995

4. FEI Number

58-1742460

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

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 607.01(2) and 607.15(3), 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 not for sale and accept the obligations of Section 615.06(3), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DATE

12.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE

5. ZIP

6. NAME

7. STREET ADDRESS

8. CITY, STATE

9. ZIP

10. NAME

11. STREET ADDRESS

12. CITY, STATE

13. ZIP

14. NAME

15. STREET ADDRESS

16. CITY, STATE

17. ZIP

18. NAME

19. STREET ADDRESS

20. CITY, STATE

21. ZIP

22. NAME

23. STREET ADDRESS

24. CITY, STATE

25. ZIP

PD
RUSS, FRITZ J.
3600 NELSONS WALK
NAPLES FL
STD
RUSS, DOLORES H.
3600 NELSONS WALK
NAPLES FL

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

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☐ DELETE

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, STATE

5. ZIP

6. NAME

7. STREET ADDRESS

8. CITY, STATE

9. ZIP

10. NAME

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12. CITY, STATE

13. ZIP

14. NAME

15. STREET ADDRESS

16. CITY, STATE

17. ZIP

18. NAME

19. STREET ADDRESS

20. CITY, STATE

21. ZIP

22. NAME

23. STREET ADDRESS

24. CITY, STATE

25. ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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. I am an officer or director of the corporation or the person or persons entrusted to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Dolores H. Russ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

513-426-2331

Date

Daytime Phone #

CR2E034 (12/95)