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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

,			# P15377 GROUP, INC.	7 (5)							
Principal Place of Business				Mailing Address					F IAMEINRY INT DERME BIFON FILLI IBAIT IN	UL BIUIL OPDIL BI		DU DIBN 1881
2642 INDIAN RIPPLE RD DAYTON OH 45440 US			3600 NELSONS WALK NAPLES FL -83840 7868 - US 34102 -7869			3.	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
	Principal D	lace of Busin	200	2a. Mailing Addres	<u></u>		*		07/28/1987 FEI Number			
21	2. Principal Place of Business			h	26			•	58-1742460		-	Applied For Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.								Additional
22				27			5.	. Certificate of Status Desired			Required	
23	ity & State			City & State			6.	Election Campaign Financing Trust Fund Contribution			May Be to Fees	
[Z	ip.		Country Zip Co				/	8.	This corporation owes or has pa	aid the curre	nt year l	ntangible
24			25	29	30				Personal Property Tax due June			□ No
9. Name and Address of Current Registered Agent							Name	10.	. Name and Address of New Re	gistered A	gent	
	360	SS, DOLOR 10 NELSONS PLES FL 34	S WALK			62 63		Address (F	P.O. Box Number is Not Acceptal	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 register 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 of applicable (NOTE: Registered Agent signature required when reinstating) DATE											its registered s registered	
12.			OFFICERS AND	DIRECTORS	1	3.			ADDITIONS/CHANGES TO OFFICE	CERS AND (DIRECTO	RS IN 12
TITLE NAME STREE		PD RUSS, FF 3600 NEI	RITZ J. .SONS WALK	∏ D€U	1.	1 TITLE 2 NAME 3 STREET	ADDRESS				_] Change	☐ Addition
CITY-	ITY-ST-ZIP NAPLES FL					ST-ZIP					_	
TITLE	, • • •			☐ DELE	☐ DELETE 21						Change	Addition
NAME	1 11000 0 0001 110		2		2.2 NAME							
			3600 NELSONS WALK		2		2.3 STREET ADDRESS					
_	TY-ST-ZIP NAPLES FL						2. 4 CITY-ST-ZIP					
TITLE				DELE			.1 TITLE			. [Change	Addition
NAME					3.	2 NAME	- 1					-
STREE	T ADDRESS				3.	3 STREET	ADDRESS					
-	ST-ZIP					4. CITY-	ST-ZIP		·			
TITLE]			☐ DELE		1 TITLE]			E	Change	Addition
NAME						2 NAME						
STREE	T ADDRESS				4.	3 STREET	ADDRESS					
CITY-	ST-ZIP				4.	4 CITY - 5	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.

5.3 STREET ADDRESS

6.3 STREFT ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

DELETE

DELETE

TITLE NAME

TITLE

NAME STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

Addition

FILED

Feb 09 1998 8:00am

Secretary of State