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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P29283 1. Corporation Name

COLUMBUS - AMERICA DISCOVERY GROUP, INC.

							- 1 18811881 18818 8118 1885 184		110 (1100)		I 8 8 1 1 1 1 1 1 1 1
Principal Place of Business Mail			iling Address								
133 WEST SIXT			433 WEST SIXTH AVENUE								
COLUMBUS OH 43201		COLUMBUS OH 43201					DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed 05/10/1990		•		
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address				4. FEI Number Applied Fo			ied For	
:1		26		_			31-1221030			Not.	Applicable
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			5. Certifcate of Status Desired			+		ditional
2		27					or continues or cratego bearings	<u> </u>	Fe	e Req	uired -
City & Stat	e	City & State					6. Election Campaign Financing \$5.00 May Be				
3		28		0			Trust Fund Contribution			ded to	Fees
Zip	Country	Zip		Cour	ntry		8. This corporation owes the curre	ent year Inta	ingible Yes	h	ÍΝο
24	25	29		30			Personal Property Tax. 10. Name and Address of New R	enistered i		,	1110
	9. Name and Address of Current	Kegistered Aç	jent	-	81	Name	10. Name and Address of New N	egistered	·		
CT C	CORPORATION SYSTEM				_						
1200	S. PINE ISLAND ROAD				82	Street Addre	t Address (P.O. Box Number is Not Acceptable)				
PLAI	NTATION FL 33324				83						
					84	City		FI	85	Zip Co	de
agent. I a	registered agent, or both, in the State of m familiar with, and accept the obligation of the state of the sta	ions of, Section	607.0505, FI	orida Statu	ites.	t signature required		DATE			
12.	Signature, typed or printed name of registered agent OFFICERS ANI		(NOI	13.		signature reduien	ADDITIONS/CHANGES TO OFF		D DIRE	ÇTOR	S IN 12
TITLE	PD	DIRECTORIO	DELETE	1.1 TIT	LE.				☐ Cha		Addition
NAME	THOMPSON, THOMAS G.			1.2 NA	ME						
STREET ADDRESS	P404 M A4A			: 1.3 STI	REET	ADDRESS					
CITY-ST-ZIP	FT PIERCE FL			1.4 CIT	Y-ST	- ZIP					
TITLE	V		DELETE	2.1 TIT	LE			-	Cha	nge	☐ Addition
NAME	EVANS, ROBERT D.			2.2 NA	ME						
STREET ADDRESS	500 E. MAYNARD			2.3 ST	REET	ADORESS					
CITY-ST-ZIP	COLUMBUS OH			2. 4 CI	TY-S	T- ZIP	1- · ·	·	<u> </u>		
TITLE	S		DELETE	3.1 TIT					☐ Cha	inge	☐ Addition
NAME	LOVELAND, CURTIS A., ESQ			3.2 NA					•		
STREET ADDRESS	_					ADDRESS					
CITY-ST-ZIP	COLUMBUS OH	 	DELETE	3.4. Cl		T- ZIP			Cha	nne	Addition
TITLE	DIDLEY DEDDA I		□ pere ie	4.1 TIT 4. 2 N						go	
NAME	Burley, Debra L 644 Thistle Ave.					ADDRESS					
STREET ADDRESS	GAHANNA OH			4.4 CIT							
CITY-ST-ZIP	V		☐ DELETE	5.1 TIT			<u></u>		☐ Cha	inge	Addition
NAME	ROBOL, RICHARD T			5.2 NA							
STREET ADDRESS	100 M OTH 41/F			5.3 ST	REET	ADORESS					
CITY-ST-ZIP	COLOMBUS OH			5.4 CIT	IY-ST	r-ZIP					
TITLE			DELETE	6.1 ΠΤ	1E	1			☐ Cha	inge	☐ Addition
NAME				6.2 NA	ME						
STREET ANDRESS				6.3 ST	REET	ADDRESS					

6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE: Selen

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90069 033 ***150.00