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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 12 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P31597

(8)

FISHERMAN'S LANDING CORPORATION

Principal Place	of Business	Mailing Address	Address				HANT MANNE MENER MENSA MEN	ST BIBIT (BB)
C/O STRS-REA 275 EAST BRO COLUMBUS OF	AD ST.	275 EAST BROAD ST.	C/O STRS-REAL ESTATE 275 EAST BROAD ST. COLUMBUS OH 43215-3703					
						3. Date Incorporated or Qualified 10/31/1990 3a. Date of Last Report 04/21/1996		
2. Principal Pl	lace of Business	28. Mailing Address			,	4. FEI Number		Applied For
21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26				22-3081083 Not Applicable		
Suite, Apt 22		Suite, Apt. #, etc.	27			5. Certificate of Status Desired See Required Fee Required		
City & State		City & State	ê '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23 Zip	Country	28 Zip	Coun	iteri		Trust Fund Contribution		
24	25	29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
24]), Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
THE	PRENTICE-HALL CORPORATIO		1	B1 Na	ame			
1201	1 HAYS STREET	it ototem, ito:		82 Street Add		ss (P.O. Box Number is Not Acceptabl	e)	
	re 105 Lahassee fl 32301		83				···	
IALI	DAILMOOLE I E OEOU I			B4 Ci	tv		—. 85 Zij	p Code
					•		FL	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change wa	is authorized	by the	med corpo corporation	ration submits this statement for the pu on's board of directors. I hereby accep	urpose of changing t the appointment a	its registered as registered
SIGNATURE	• · · · · · · · · · · · · · · · · · · ·		lors n				DATE	
12.	Signature, typed or protein name of registered ag OFFICERS AN	ND DIRECTORS	13.	Agert sig	nature reduce	d when reinstating) ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	PD	DELETE	11 111	.E			☐ Change	
NAME	DYER, HERBERT L.		12 NAI	νIE				
STREET ADDRESS	275 EAST BROAD STREET		13 STF	EET ADD	RESS			
CHY - S1 - 70P	COLUMBUS OH 43215		1.4 CIT	Y-ST-ZIF				
TITLE	VD DELETE		2.1 TIT	2.1 TITLE			☐ Change	e Addition
KAME	Bowers, Robert G		2.2 NAI	2.2 NAME				
STREET ADDRESS	275 EAST BROAD STREET		23\$TF	2.3 STREET ADDRESS				
CITY-ST-ZP	COLUMBUS OH 43215		2.4.01	2 4 CITY-81-ZIP				······································
TITLE	STD	L_) DELETE	3.1 TIT				L Change	e L. Addition
NAME	MITCHELL, STEPHEN A.		3.2 NA					
STREET ADDRESS	275 EAST BROAD STREET			REET ADDI				
CITY-ST-ZIP	COLUMBUS OH 43215	DELETE		IY-ST-ZI	Р		☐ Change	e Addition
1171 F		ר"ז חנוגוג	4.1 TiT				L.J Utidiliyi	, FT WOOHIGH
NAME PROPER ADVISORS			4. 2 NA		oree			
STREET ADDRESS				REET ADDI				
CHY-ST-ZIP THLE		☐ DELETE	5.1 1ft	Y - ST - ZIF			Change	e Addition
NAME		C. Decert	5.2 NA				thing of the same	
STREET ADDRESS				REET ADDI	RESS			
CITY-ST-ZIP				Y-\$1-ZIF				
TITLE		DELETE	6.1 TIT				Change	e Addition
NAMŧ			62 NA	ME				
STREET ADURESS				REET ADD	RESS			
COLY-S1-ZIP				Y-ST-ZIF				
14. I de herel	by certify that the information supplied	ed with this filing does not que	alify for the	exempl	ion stated	in Section 119.07(3)(i), Florida Statutes my signature shall have the same lega	s. I further certify th	at the
l am an o	of middeted on mis armual report of officer or director of the corporation of the corpora	or the receiver or trustee emp	overed to e	xegute	this report	as required by Chapter 607, Florida S	tatutes; and that m	y name