

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P34089 (3)

1. Corporation Name

WS REALTY, INC.



Principal Place of Business

Mailing Address

4090 HALDEMAN CREEK DRIVE
NAPLES FL 33962

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NAPLES FL 33962

3. Date Incorporated or Qualified

05/28/1991

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

21 4343 YACHT HARBOR DR

Suite, Apt. #, etc.

22

City & State

23 NAPLES FL

Zip

24 33962

Country

2a. Mailing Address

26 4343 YACHT HARBOR DR

Suite, Apt. #, etc.

27

City & State

28 NAPLES FL

Zip

29 33962

Country

30

4. FEI Number

31-1326254

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title, if applicable.

(NOTE: Registered Agent signature required when registering.)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS HEREN, DIETER
CITY-ST-ZIP 41 SOUTH HIGH STREET
COLUMBUS OH

TITLE ☐ DELETE

NAME S
STREET ADDRESS LIEBERSBACH, JOHN
CITY-ST-ZIP 41 SOUTH HIGH STREET
COLUMBUS OH

TITLE ☐ DELETE

NAME T
STREET ADDRESS VANFLEET, JOHN
CITY-ST-ZIP 41 SOUTH HIGH STREET
COLUMBUS OH

TITLE ☐ DELETE

NAME V
STREET ADDRESS HANSON, SUSAN
CITY-ST-ZIP 41 SOUTH HIGH STREET
COLUMBUS OH

TITLE ☐ DELETE

NAME V
STREET ADDRESS ULEN, ILONA
CITY-ST-ZIP 41 SOUTH HIGH STREET
COLUMBUS OH

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan J. Hanson

4/5/96

614/480-4505

Daytime Phone #

CR2E034 (12/95)