

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

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P34874 (8)**  
 1. Corporation Name  
**MFI INVESTMENTS CORP. OF SOUTHERN FLORIDA**



Principal Place of Business <b>P.O. BOX 567                  102 N MAIN ST                  BRYAN OH 43506                  US</b>	Mailing Address <b>P.O. BOX 567                  102 N MAIN ST                  BRYAN OH 43506                  US</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified <b>07/30/1991</b>	
4. FEI Number <b>34-0877425</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
85	Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	OBERLIN, EARL CLIFFORD III	
STREET ADDRESS	1102 CRESTVIEW AVE.	
CITY-ST-ZIP	BRYAN OH	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BOCK, STACEY	
STREET ADDRESS	200 ILLINOIS DR	
CITY-ST-ZIP	BRYAN OH 43506	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OBERLIN, EARL C.	
STREET ADDRESS	1003 FAIRLAWN DR.	
CITY-ST-ZIP	BRYAN OH	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GIOLA, ROBERT M	
STREET ADDRESS	1716 COLONIAL LN	
CITY-ST-ZIP	BRYAN OH 43506	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANCISCO, DAVID R	
STREET ADDRESS	25840 WEST RIVER RD	
CITY-ST-ZIP	PERRYSBURG OH 43551	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NONEMAN, THOMAS S	
STREET ADDRESS	06211 ROAD E 75	
CITY-ST-ZIP	EDGERTON OH 43517	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Oberlin, Earl Clifford III	
1.3 STREET ADDRESS	127 Country Club Road	
1.4 CITY-ST-ZIP	Bryan, OH 43506	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Please see attached schedule	
2.3 STREET ADDRESS	for additional changes	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gioia, Robert M.	
4.3 STREET ADDRESS	2416 Route 576	
4.4 CITY-ST-ZIP	Bryan, OH 43506	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 \_\_\_\_\_

SIGNATURE: *[Handwritten Signature]* 4/30/98 419636114

CR2E034 (10/97)

**MFI INVESTMENTS CORP**  
**Corporate Board of Directors/Officers**

**DIRECTORS**

<b><u>OFFICER</u></b>	<b><u>NAME</u></b>	<b><u>HOME ADDRESS</u></b>	<b><u>DATE APPOINTED</u></b>
President/ Chief Executive Officer	Robert M. Gioia	2416 Route 576	10/11/95
		Bryan, OH 43506 (419) 636-8426	08/21/96
	David R. Francisco	25840 West. River Rd Perrysburg, OH 43551 (419) 878-4194	10/11/95
	Thomas S. Noneman	06211 Road E75 Edgerton, OH 43517 (419) 298-2866	07/20/95
Board Chairman	Clifford Oberlin, III	127 Country Club Rd. Bryan, OH 43506 (419) 636-1857	10/11/95
	Douglas J. Shierston	555 Budlong Adrian, MI 49221 (517) 263-1834	07/20/95
	Jerry Staley	2231 Saratoga Dr. Findlay, OH 45840 (419) 422-1383	07/20/95

**OTHER OFFICERS**

Assistant Vice President/ Compliance	Gregory Gendron	208 Illinois Dr. Bryan, OH 43543 (419) 636-2785	12/12/97
Secretary Senior Vice President/ Legal Counsel	Edwin A. Barkel	1236 Vansickle Dr. Hillsdale, MI 49242 (517) 357-4572	01/10/96 01/01/96



<u>OFFICER</u>	<u>NAME</u>	<u>HOME ADDRESS</u>	<u>DATE APPOINTED</u>
Senior Vice President/ Operations	Thomas D. Losby	131 Deerfield Bryan, OH 64432 (815) 469-3161	01/01/96
Vice President/ Insurance	John Cameron	8931 Sycamore Trail Sylvania, OH 43560 (419) 829-7916	12/12/97
Vice President/ Finance	Donald P. Hileman	318 Jefferson Defiance, OH 43512 (419) 782-3454	05/15/97