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

DOCUMENT #

P37325

(8)

RELANDOO I, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailino Address 1650 LAKE SHORE DRIVE, SUITE 220 1650 LAKE SHORE DRIVE. SUITE 220 **COLUMBUS OH 43204-4895 COLUMBUS OH 43204-4895** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/28/1992 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 31-1290004 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes g. Name and Address of Current Registered Agent Name and Address of New Registered Agent C T CORPORATION SYSTEM Name 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 64 City 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 reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE TITLE Change Addition BREHMER, HOWARD R JR. NAME 1.2 NAME 1650 LAKE SHORE DR., STE 220 STREET ADDRESS 1.3 STREET ADDRESS **COLUMBUS OH 43204** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE BAKER, VICTOR NAME 2.2 NAME 1650 LAKE SHORE DR., STE 220 STREET ADDRESS 2.3 STREET ADDRESS COLUMBUS OH 43204 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE Change Addition 3.1 TITLE HENNEY, SCOTT NAME 3.2 NAME 1650 LAKE SHORE DR., STE 220 STREET ADDRESS 3.3 STREET ADDRESS COLUMBUS OH 43204 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change ___ Addition 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 attackment with an address.

CICNIATUDE.

MX Victor & PRALETZ

(VENI.) \$50.00V