

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, MAXIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**APPROVED AND FILED**

95 JUL -6 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000077437 (9)**

1. Corporation Name

**MC FARLAND & DRIER, INC.**

Principal Place of Business

1201 BRICKELL AVENUE  
MIAMI FL 33131

Mailing Address

1201 BRICKELL AVENUE  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/21/1994**

3a. Date of Last Report

2. Principal Place of Business

21 State Apt # etc

23 City & State

24

2a. Mailing Address

26 State Apt #, etc

27 City & State

28

29

30

4. FEI Number

**65-0533921**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Extension (except for fees)

\$5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

**FL**

65 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 (hand or printed name of registered agent and the filer)

Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D  
MILENTHAL, DAVID L  
10 WEST BROAD ST, STE 1400  
COLUMBUS OH 43215**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D  
MILENTHAL, RICHARD K  
10 WEST BROAD ST, STE 1400  
COLUMBUS OH 43215**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

Change  Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

Change  Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

Change  Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

Change  Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

Change  Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

Change  Addition

**PRESIDENT  
William Drier  
1201 BRICKELL AVE., FIFTH FLOOR  
MIAMI, FL 33131**

**SR. V.P.  
JOHN ARNHOLT  
1201 BRICKELL AVE., FIFTH FLOOR  
MIAMI, FL 33131**

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 110.07(3)(a), 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:

*John Arnholt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/95

305-358-0108

CR2004 (3/95)