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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

OCHMENT # 954969 161

FILED Jul 29 1998 8:00am Secretary of State

Principal Place 3 LIMITED PA P.O. BOX 165 COLUMBUS C	MITED ST e of Busines IRKWAY 128	P.O. BOX	D PARKWAY	/AY				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
									12/14/1982				
2. Principal Pl	lace of Busi	ness		2a. Mailing Address					04 4000004			plied For Applicable	-
Suite, Apt.	#, etc		26 Suite,	Suite, Apt. #, etc.					-	· \$8		dditional	1
22			27						Certificate of Status Desired	F	ee Red	quired	
City & State	9			City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country			28	Zip Coul					Trust Fund Contribution L 8. This corporation owes or has paid the				+
24	25		29	30			•		Personal Properly Tax due June 30.	Yes		No	
		and Address of Curr	ent Registered A					10. Name and Address of New Registered Ag					1
		ITION SYSTEM			ľ	B1	Name						
1200 \$. Pine Island Road Plantation FL 33324							Street Ad	Address (P.O. Box Number is Not Accepta				· · · · · · · · · · · · · · · · · · ·	1
PU	MINIM	FL 33324											┨
:					L	83 84]
	-	•					City			FL 85	Zip C	ode	
office or re agent. I a	oni ste red ac		te of Florida, Suc	hizhando was a	authorized	by	the corror		ation submits this statement for the purpor's board of directors. I hereby accept the				
SIGNATURE	Signature, typus	l or printed name of registered a	gont and the if applicat	ble (NO)	t Registered	Ager	nt signature rec	qured	when reinstating) D	ATE			_
12.		OFFICERS A	ND DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	S IN 12	100
THTL€	D	TIMOTUV D		L_ DELETE			1.1 TITLE			∐ Ch	ange	Addition	1
NAME	A LIMITED DADIZINAV			,			1 2 NAME						5
CITY-ST-ZIP COLUMBUS OH							1.3 STREET ADDRESS 1.4 City-St-7ip						δ
TITLE	D			DELETE	2.1 TITL		1-7IF			Ch	ange	Addition	12
NAME		i, Kenneth			2.2 NAM	ΛE					_	_	
STREET ADDRESS		ED PARKWAY			2.3 S1R	EET /	address						
CITY+ST-ZIP	COLUM	BUS OH		_	2. 4 CIT	Y- \$							
TITLE	tu iooni	CUEDVI N		DELETE			/	PR.E	rident,	☐ Ch	ange	Addition	
NAME		, Cheryl n Ed Parkway					2 NAME RE1 ADDRESS 3		sident bent Bennard naited Pkwy				
STREET ADDRESS		BUS OH						3 1	DAITED PKMY			_	
CITY-ST-ZIP TITLE	V			DELFTE	3.4. CIT 4.1 TITL		1-712		lumbus, OH 43230	- Ch	ange	Addition	ℽ
NAME	SCHUL!	rze, scott			4. 2 NA					<u> </u>			1
STREET ADDRESS		ED PARKWAY					ADDRESS			•	N	7/5	ړ
CITY-ST-ZIP	ÇOLUM	BUS OH			4.4 CIT					/	' (/		X
TITLE	\$0			DELETE	5.1 TITL					Ch	ange	Addition	1
NAME		TIMOTHY B.			5.2 NAA	AE.							
STREET ADDRESS THREE LIMITED PARKWAY				5.3 S			TREET ADDRESS						
CITY-ST-ZIP	COLUM	BUS OH			5.4 CIT		1 - 2 1P						_
TITLE	l UEATA:	DUE DATING!		☐ DELETE	6.1 T/TL				manufic Service Service Service Service Service Service Service	Ch "e== a=a a==a	ange	Addition	
NAME		RNE, PATRICK			6.2 NAN				700002608 -08/06/9801007-	@ ™ € 000			
STREET ADDRESS SUMITED PARKWAY COLUMBUS OH							ADDRESS			-U Z U			
CITY-ST-ZIP	COLUM	UVO VII	and Marie Const.	7-10	6.4 CIT	Y - S1	- ZIP	in O-	***1650.00	or partify the	ا ما فام	information	4

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 suppliemental 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

4/24/00