

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000003228 (3)**

1. Corporation Name
DAMON'S MANAGEMENT, INC.



Principal Place of Business: **4645 EXECUTIVE DR. COLUMBUS OH 43220-3601**
Mailing Address: **4645 EXECUTIVE DR. COLUMBUS OH 43220-3601**

3. Date Incorporated or Qualified 06/20/1994	3a. Date of Last Report 06/26/1995
4. FEI Number 31-1184796	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Sub: Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sub: Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0602 and 607.1503, 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 provisions of Section 607.0603, Florida Statutes.

SIGNATURE: *Shannon R Foust* DATE: *1/24/96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, KENNETH H	2.2 NAME	
STREET ADDRESS	4645 EXECUTIVE DR.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	COLUMBUS OH 43220	4.4 CITY-STATE-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOUST, SHANNON R	2.2 NAME	
STREET ADDRESS	4645 EXECUTIVE DR.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	COLUMBUS OH 43220	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINTZER, JAMES B	3.2 NAME	
STREET ADDRESS	4645 EXECUTIVE DR.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	COLUMBUS OH 43220	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, JOHN D	4.2 NAME	
STREET ADDRESS	4645 EXECUTIVE DR.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	COLUMBUS OH 43220	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONETTI, GENE V	5.2 NAME	
STREET ADDRESS	4645 EXECUTIVE DR.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	COLUMBUS OH 43220	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEDMAN, HOWARD	6.2 NAME	
STREET ADDRESS	4645 EXECUTIVE DR.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	COLUMBUS OH 43220	6.4 CITY-STATE-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 from an attachment with this address.

SIGNATURE: *Shannon R Foust* DATE: *1/24/96* TELEPHONE: *(614)442-7900*

CR2E034 (12/95)