

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morjan  
Secretary of State  
1995

APPROVED  
AND  
FILED

95 MAY -1 AM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P40805** (4)  
1. Corporation Name  
**PIZZUTI REALTY OF FLORIDA, INC.**

Principal Place of Business: **250 E. BROAD STREET SUITE 1900 COLUMBUS OH 43215**  
Alternate Address: **250 E. BROAD STREET SUITE 1900 COLUMBUS OH 43215**

ENTER OR WRITE IN THIS SPACE

21. Principal Place of Business	26. Mailing Address	4. FED Number	3a. Date Registered or Renewed	3b. Date of Last Report
22. State, Apt. #, etc.	27. State, Apt. #, etc.	31-1360044	10/05/1992	08/10/1994
23. City & State	28. City & State	5. Certificate of Status Desired	Applied For	
24. * * * * *	29. * * * * *	<input type="checkbox"/>	Not Applicable	
25. * * * * *	30. * * * * *	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required	
		<input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under S. 198.045, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>JONES, WILLIAM R 255 SOUTH ORANGE AVE. STE. 1350 ORLANDO FL 32801</b>		81. Name		
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83. City		
		84. State	FL	85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3), 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, the term "Registered Agent" as defined in Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, WILLIAM R	1. NAME	
STREET ADDRESS	255 SOUTH ORANGE AVE., SUITE 1350	1. STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	1. CITY, ST, ZIP	
TITLE	VS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALEY, RICHARD C	2. NAME	
STREET ADDRESS	250 EAST BROAD ST., SUITE 1900	2. STREET ADDRESS	
CITY, ST, ZIP	COLUMBUS OH	2. CITY, ST, ZIP	
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAMER, JAMES P	3. NAME	
STREET ADDRESS	250 E. BROAD ST., SUITE 1900	3. STREET ADDRESS	
CITY, ST, ZIP	COLUMBUS OH	3. CITY, ST, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that I qualify for the exemptions stated in Section 198.045(1)(b), 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, as a duly authorized officer or director of this corporation or the manager 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, except as set forth as an attachment with an address.

SIGNATURE: *R.C. DALEY* R.C. DALEY SECRETARY 5.1.95 614.365.4000  
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR