

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005678 (5)**
1. Corporation Name
TOWNE PROPERTIES ASSET MANAGEMENT COMPANY

Principal Place of Business 1055 ST. PAUL PLACE CINCINNATI OH 45202-1687	Mailing Address 1055 ST. PAUL PLACE CINCINNATI OH 45202-1623
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 31-0945003		Applied For		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		8.75 Additional Fee Required			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		5.00 May Be Added to Fees			
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No					

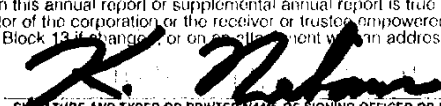
9. Name and Address of Current Registered Agent RYDBERG, THOMAS H 610 W. AZEELE ST TAMPA FL 33606				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				FL		85 Zip Code	

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: _____ (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	☐ DELETE		1.1 TITLE	D	☒ Change ☐ Addition	
NAME	BORTZ, NEIL K			1.2 NAME			
STREET ADDRESS	1055 ST. PAUL PLACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI OH 45202-1687			1.4 CITY-ST-ZIP			
TITLE	VCP	☐ DELETE		2.1 TITLE	D, P	☒ Change ☐ Addition	
NAME	WAHLKE, ROBERT J			2.2 NAME			
STREET ADDRESS	1055 ST. PAUL PLACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI OH 45202-1687			2.4 CITY-ST-ZIP			
TITLE	D	☒ DELETE		3.1 TITLE		☐ Change ☐ Addition	
NAME	ROSENBERG, MARVIN			3.2 NAME			
STREET ADDRESS	1055 ST. PAUL PLACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI OH 45202-1687			3.4 CITY-ST-ZIP			
TITLE	V	☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME	BOPPEL, KARL			4.2 NAME			
STREET ADDRESS	1055 ST. PAUL PLACE			4.3 STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI OH 45202-1687			4.4 CITY-ST-ZIP			
TITLE	V	☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME	WEHMAN, DEREK			5.2 NAME			
STREET ADDRESS	1055 ST. PAUL PLACE			5.3 STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI OH 45202-1687			5.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME	BAYER, DANIEL J			6.2 NAME			
STREET ADDRESS	1055 ST. PAUL PLACE			6.3 STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI OH 45202-1687			6.4 CITY-ST-ZIP			

14. I do 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 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 supplemental statement with my address.

SIGNATURE:  **4-29-97 (513) 381-869**

CR2E034 (9/96)