

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 696640
1. Corporation Name
KEY LARGO GROUP, INC.

(2)

APPROVED
AND
FILED

95 APR 28 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

31 OCEAN REEF DRIVE, STE. C300
KEY LARGO FL 33037

Mailing Address

1 E FOURTH ST
SUITE 900
CINCINNATI OH 45202
US

2. Principal Place of Business

21 2600 Douglas Road

Suite, Apt. #, etc.

22 Suite 900

City & State

23 Coral Gables, FL

Zip

24 33134

Country

25 US

2a. Mailing Address

C/O Thomas E. Mischell

26 One East Fourth Street

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

LUBAN, KENNETH A., ESQUIRE
31 OCEAN REEF DRIVE
SUITE C-300
KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/28/1981

4. FEI Number

59-1263251

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

7. This corporation has liability for intangible tax under S. 199.032.

8. Florida Statutes

9. Yes

10. No

11. Name and Address of New Registered Agent

12. Name

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

14. City

15. State

16. Zip Code

17. Signature

18. Title

19. Date

20. Signature

21. Title

22. Date

23. Signature

24. Title

25. Date

26. Signature

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65. Signature

66. Title

67. Date

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, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when resigning)

12. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

15. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

16. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

17. TITLE

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STREET ADDRESS

CITY - ST - ZIP

18. TITLE

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CITY - ST - ZIP

19. TITLE

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STREET ADDRESS

CITY - ST - ZIP

20. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

21. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

22. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

23. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

Thomas E. Mischell

Assistant Treasurer
Thomas E. Mischell

4/24/95

(513) 579-2171