

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 696640

(2)

1. Corporation Name

KEY LARGO GROUP, INC.

Principal Place of Business

40 PEARL STREET NORTHWEST
SUITE 430
GRAND RAPIDS MI 49503
US

Mailing Address

ONE EAST FOURTH STREET
S800
CINCINNATI OH 45202-3717
US



3. Date Incorporated or Qualified

07/28/1981

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1263251

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HEWETT, CHRISTOPHER B	
STREET ADDRESS	40 PEARL STREET NORTHWEST	
CITY- ST- ZIP	GRAND RAPIDS MI 49503	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BROEMAN, CHARLES W., II	
STREET ADDRESS	2699 S BAYSHORE DRIVE, SUITE 800	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	LUBAN, KENNETH A.	
STREET ADDRESS	OCEAN REEF CLUB	
CITY- ST- ZIP	KEY LARGO FL	
TITLE	VTS	<input checked="" type="checkbox"/> DELETE
NAME	BELISLE, GERARD JR.	
STREET ADDRESS	40 PEARL STREET NORTHWEST	
CITY- ST- ZIP	GRAND RAPIDS MI 49503	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MISCHELL, THOMAS E	
STREET ADDRESS	1 E 4TH ST	
CITY- ST- ZIP	CINCINNATI OH 45202	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	RUNK, FRED J	
STREET ADDRESS	1 E 4TH ST	
CITY- ST- ZIP	CINCINNATI OH 45202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GRAFE, KARL J.	
2.3 STREET ADDRESS	ONE EAST FOURTH STREET	
2.4 CITY- ST- ZIP	CINCINNATI, OH 45202	
3.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KENNEDY, JAMES C.	
3.3 STREET ADDRESS	ONE EAST FOURTH STREET	
3.4 CITY- ST- ZIP	CINCINNATI, OH 45202	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EVANS, JAMES E.	
4.3 STREET ADDRESS	ONE EAST FOURTH STREET	
4.4 CITY- ST- ZIP	CINCINNATI, OH 45202	
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 an attachment with an address.

SIGNATURE:

Thomas E. Mischell

Thomas E. Mischell
Vice President

4/15/97

(513) 579-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

**KEY LARGO GROUP, INC.
ADDITIONAL OFFICERS & DIRECTORS**

OFFICE	NAME	ADDRESS
Director	Karen Holley Horrell	580 Walnut St, Cincinnati, OH 45202

0000000000