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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

BROTHERS PROPERTY CORPORATION

FILED Apr 30 1998 8:00am Secretary of State



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Principel Place of Business Mailing Address C/O THOMAS E. MISCHELL MINISCHELL. THOMAS. E.					
			EI 0.00		
2690 S BAYSHORE DR. STE BOD MIAMI FL 33133		ONE E FOURTH \$T 8TH 1 CINCINNATI OH 45202	FLOOR	DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	3 31 AOL
				11/18/1987	
2. Principa	I Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2840291	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additional	
27			5. Certificate of Status Desired	Fee Required	
City & S	itate	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the d	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	X Yes No
	g. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registers	d Agent
l	Luban, Kenneth A.		61 Name		
31 OCEAN REEF DRIVE, SUITE C-300			82 Street	Address (P.O. Box Number is Not Acceptable)	
KEY LARGO FL 33037				riodicas (1.0. Doxinosi is not riodicio)	
			83		
			84 City		85 Zip Code
			City	F	L 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
GIGHTON	Signature, typed or printed name of registered a		Registered Agent signature		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD SINISP MOTOR I	☐ DELETE	1.1 TITLE		X Change Addition
NAME	FULLER, VICTOR L.	.=	1.2 NAME		
STREET ADDRES		X.	1.3 STREET ADDRESS	2699 S BAYSHORE DR 800E	
CITY-ST-ZIP	MAM FL 33133		1.4 CITY-ST-ZIP		
TITLE	S LINDAN KEAMETRI A	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LUBAN, KENNETH A.		2.2 NAME		
STREET ADDRES			2 3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		2.4 CITY - ST - ZIP		
TITLE	D DODGE O	☐ DELETE	3 t TITLE		Change Addition
NAME	LINTZ, ROBERT C.		3 2 NAME		
STREET ADDRES		LUUH	3 3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45202		3 4. CITY-SY-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		X Change ☐ Addition
NAME	MISCHELL, THOMAS E		4. 2 NAME		İ
STREET ADDRES			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP	CINCINATTI OH 45202		4.4 CITY - ST- ZIP	CINCINNATI	
TITLE	D	☐ DELETE	5.1 TITLE		Change Addition
NAME	VONDERHAAR, DANIEL J		5.2 NAME		
STREET ADORES		LOOR	5.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45202		5.4 CITY-ST-ZIP	<u> </u>	
TITLE	VDAS	☐ DELETE	6.1 TITLE		
NAME	FULLER, STEPHEN M.		6.2 NAME		
STREET ADDRES		Œ	6.3 STREET ADDRESS	2699 S BAYSHORE DR 800E	
CITY-ST-ZW	MIAMI FL 3313		6.4 CITY - ST - ZIP		33133
		The same of the sa			24 40 4 41 4 4 4 4 4 4

on 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 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 opin of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the same legal effect as if made under oath; that I am an opin of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the same legal effect as if made under oath; that I am an opin of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the same legal effect as if made under oath; that I am an opin of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information is upper to the same legal effect as if made under oath; that I am an opin of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the same legal effect as if made under oath; that I am an opin of the receiver of the same legal effect as if made under oath; that I am an opin of the same legal effect as if made under oath; that I am an opin of the same legal effect as if made under oath; that I am an opin of the same legal effect as if made under oath; that I am an opin of the same legal effect as if made under oath; that I am an opin of the same legal effect as if made under oath; that I am an opin of the same legal effect as if made under oath; that I am an opin of the same legal effect as if made under oath; that I am an opin of the same legal effect as if made under oath; that I am an opin of the same legal effect as if made under oath; that I am an opin of the same legal effect as if made under oath; the same legal ef I hereby certify that the information indicated on this annual report or officer or director of the corporation Block 12 or Block 13 if changed

SIGNATURE: