

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One East Fourth Street Suite, Apt. #, etc 22 City & State 23 Cincinnati, OH Zip 24 45202		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 07/28/1981	
25 US		4. FEI Number 59-1263251		Applied For Not Applicable	
29		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
31		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	P	<input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	HEWETT, CHRISTOPHER B		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	40 PEARL STREET NORTHWEST		1.2 NAME		
CITY-ST-ZIP	GRAND RAPIDS MI		1.3 STREET ADDRESS		
			1.4 CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAFE, KARL J.		2.2 NAME		
STREET ADDRESS	ONE EAST FOURTH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		2.4 CITY-ST-ZIP	45202	
TITLE	VS	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, JAMES C		3.2 NAME		
STREET ADDRESS	ONE EAST FOURTH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		3.4 CITY-ST-ZIP	45202	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, JAMES E		4.2 NAME		
STREET ADDRESS	ONR EAST FOURTH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		4.4 CITY-ST-ZIP	45202	
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MISCHELL, THOMAS E		5.2 NAME		
STREET ADDRESS	1 E 4TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		5.4 CITY-ST-ZIP	45202	
TITLE	VTD	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUNK, FRED J		6.2 NAME		
STREET ADDRESS	1 E 4TH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		6.4 CITY-ST-ZIP	45202	

14. I 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
Vice President 4/20/98 (513) 579-2171

CR2E034 (10/97)