

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P16849**

1. Corporation Name

**BROTHERS PROPERTY CORPORATION**

Principal Place of Business

**6/O THOMAS E. MISCHELL**  
**2699 S BAYSHORE DR. STE 800**  
**MIAMI FL 33133**  
**US**

Mailing Address

**%MISCHELL, THOMAS. E**  
**ONE E FOURTH ST 8TH FLOOR**  
**CINCINNATI OH 45202**  
**US**

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90128 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/18/1987**

4. FEI Number

**59-2840291**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**LUBAN, KENNETH A.**  
**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

☐ DELETE

TITLE **PD**  
NAME **FULLER, VICTOR L.**  
STREET ADDRESS **2699 S BAYSHORE DR 800E**  
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **S**  
NAME **LUBAN, KENNETH A.**  
STREET ADDRESS **31 OCEAN REEF DR C-300**  
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE **D**  
NAME **LINTZ, ROBERT C.**  
STREET ADDRESS **ONE E. FOURTH ST., 2ND FLOOR**  
CITY-ST-ZIP **CINCINNATI OH 45202**

TITLE **V**  
NAME **MISCHELL, THOMAS E**  
STREET ADDRESS **1 E 4TH ST., 8TH FLOOR**  
CITY-ST-ZIP **CINCINNATI OH 45202**

TITLE **D**  
NAME **VONDERHAAR, DANIEL J**  
STREET ADDRESS **ONE E FOURTH ST., 2ND FLOOR**  
CITY-ST-ZIP **CINCINNATI OH 45202**

TITLE **VDAS**  
NAME **FULLER, STEPHEN M.**  
STREET ADDRESS **2699 S BAYSHORE DR 800E**  
CITY-ST-ZIP **MIAMI FL 33133**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**33133**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas E. Mischell**  
Vice-President

4/20/99

(513) 579-2171

Date

Daytime Phone #

CR2E034 (1/98)

**BROTHERS PROPERTY CORPORATION  
DOCUMENT # P16849  
1999 FLORIDA ANNUAL REPORT  
ADDITIONAL DIRECTOR & OFFICERS**

P16849  
532206 90128.24

**DIRECTOR**

STEPHEN M. FULLER  
2699 S. BAYSHORE DRIVE STE 800E  
MIAMI, FL 33133

**OFFICERS**

**VICE PRESIDENT & TREASURER**  
FRED J. RUNK  
ONE EAST FOURTH STREET  
CINCINNATI, OH 45202

**ASSISTANT SECRETARY**  
MARC L. FAUST  
2699 S. BAYSHORE DRIVE STE 800E  
MIAMI, FL 33133

**ASSISTANT SECRETARY**  
RONALD C. HAYES  
580 WALNUT STREET  
CINCINNATI, OH 45202

**ASSISTANT SECRETARY**  
JAMES C. KENNEDY  
ONE EAST FOURTH STREET  
CINCINNATI, OH 45202