

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **383886** (9)

1. Corporation Name
A B C D CORPORATION



Principal Place of Business
**537 E. PETE ROSE WAY
CINCINNATI OH 45202**

Mailing Address
**537 E. PETE ROSE WAY
CINCINNATI OH 45202**

2. Principal Place of Business
21 **7000 Midland Boulevard**
Sub: Apt #, etc.
22
City & State
23 **Amelia, Ohio**
Zip Country
24 **45102** 25 **USA**

2a. Mailing Address
26 **7000 Midland Boulevard**
Sub: Apt #, etc.
27
City & State
28 **Amelia, Ohio**
Zip Country
29 **45102** 30 **USA**

3. Date Incorporated or Qualified 06/14/1971	3a. Date of Last Report 04/03/1995
4. FEIN Number 31-0803189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.052 Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LATIMER, (ROBERT)
84 DAVIS BLVD.
APT 11
TAMPA FL 33606**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0602 and 607.1509, Florida Statutes, the above named Corporation's shareholders, statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, such as provided for herein by the Corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0602 and Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
111 NAME D HAYDEN, W.T.	111 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
112 STREET ADDRESS 525 VINE ST., 16TH FL CINCINNATI OH	112 STREET ADDRESS
113 CITY, STATE, ZIP PD HAYDEN, R W	113 CITY, STATE, ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
114 NAME 537 E. PETE ROSE WAY CINCINNATI OH	114 NAME
115 STREET ADDRESS	115 STREET ADDRESS 7000 Midland Boulevard Amelia, Ohio 45102
116 CITY, STATE, ZIP	116 CITY, STATE, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
117 NAME	117 NAME
118 STREET ADDRESS	118 STREET ADDRESS
119 CITY, STATE, ZIP	119 CITY, STATE, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
120 NAME	120 NAME
121 STREET ADDRESS	121 STREET ADDRESS
122 CITY, STATE, ZIP	122 CITY, STATE, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
123 NAME	123 NAME
124 STREET ADDRESS	124 STREET ADDRESS
125 CITY, STATE, ZIP	125 CITY, STATE, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied herein is true and correct and that I am not qualified for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information contained herein, and a true and correct copy of the same, shall be filed and recorded in the public records of the State of Florida and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in this report, or in a continuation of this report.

SIGNATURE: *Robert W. Hayden*
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR
Robert W. Hayden, Director

January 31, 1996 (513) 943-7100

CR2E034 (12/95)