FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 APR 17 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **505993** **(6)**

1. Corporation Name
AMIRA SERVICES, INC.

Principal Place of Business	Mailing Address
3081 MCNAB RD. POMPANO BCH. FL 33069-4805	2600 CHEMED CENTER 255 EAST FIFTH ST CINCINNATI OH 45202 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1976	3a. Date of Last Report: 08/15/1994
4. FEI Number: 59-1675924	☐ Applied For ☐ Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes: ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 / County: 25	Zip: 29 / County: 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, WILLIAM R.	12 NAME		
STREET ADDRESS	255 E. FIFTH ST.	13 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	14 CITY-ST-ZIP		
TITLE	VCD	21 TITLE		☒ Change ☐ Addition
NAME	JOHNSON, PATRICK L.	22 NAME		
STREET ADDRESS	255 E. FIFTH ST.	23 STREET ADDRESS	1080 N.W. 1st Avenue	
CITY-ST-ZIP	CINCINNATI OH	24 CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	CEO	31 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, PATRICK L.	32 NAME		
STREET ADDRESS	255 E. FIFTH ST.	33 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	34 CITY-ST-ZIP		
TITLE	PX	41 TITLE		☐ Change ☐ Addition
NAME	BARRON, ROBERT C.	42 NAME		
STREET ADDRESS	3081 MCNAB RD.	43 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL	44 CITY-ST-ZIP		
TITLE	DXT	51 TITLE		☐ Change ☐ Addition
NAME	BRUMM, BRIAN A.	52 NAME		
STREET ADDRESS	255 E. FIFTH ST.	53 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X B. A. Brumm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. A. Brumm - Treasurer
Title

513-762-6700

4/9/95
Date

0400421 FP