

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 551890

(7)

1. Corporation Name

OBOG CORPORATION

Principal Place of Business

5000 GASPARILLA ROAD  
BOCA GRANDE FL 33921

Mailing Address

C/O THOMAS E. MISCHELL  
ONE EAST FOURTH STREET, SUITE 800  
CINCINNATI OH 45202



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/23/1977		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 59-1783513		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	
NAME	SIBLEY, HARPER JR	1.2 NAME	
STREET ADDRESS	5000 GASPARILLA ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA GRANDE FL 33921	1.4 CITY - ST - ZIP	
TITLE	DVPS	2.1 TITLE	
NAME	GRAFE, KARL J	2.2 NAME	
STREET ADDRESS	ONE E. FOURTH ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH 45202	2.4 CITY - ST - ZIP	
TITLE	DVP	3.1 TITLE	
NAME	LINTZ, ROBERT C	3.2 NAME	
STREET ADDRESS	ONE EAST FOURTH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH 45202	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	
NAME	DRESSLER, ROBERT S	4.2 NAME	
STREET ADDRESS	ONE EAST FOURTH STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH 45202	4.4 CITY - ST - ZIP	
TITLE	AT	5.1 TITLE	
NAME	MISCHELL, THOMAS E	5.2 NAME	
STREET ADDRESS	ONE EAST FOURTH STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH 45202	5.4 CITY - ST - ZIP	
TITLE	AT	6.1 TITLE	
NAME	RUNK, FRED J	6.2 NAME	
STREET ADDRESS	ONE EAST FOURTH STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH 45202	6.4 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)(k), 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

ASSISTANT TREASURER

4/23/96 (513) 579-2171

Date

Daytime Phone #

CR2E034 (12/95)