

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **551890** (7)
1. Corporation Name
OEGC 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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/23/1977	
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 CINCINNATI Zip 29 Country 30 US
4. FEI Number 59-1783513	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

TITLE	DC	<input type="checkbox"/> DELETE
NAME	SIBLEY, HARPER JR	
STREET ADDRESS	5000 GASPARILLA ROAD	
CITY-ST-ZIP	BOCA GRANDE FL 33921	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	GRAFE, KARL J	
STREET ADDRESS	ONE E. FOURTH ST.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LINTZ, ROBERT C	
STREET ADDRESS	ONE EAST FOURTH STREET	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DRESSLER, ROBERT S	
STREET ADDRESS	ONE EAST FOURTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MISCHELL, THOMAS E	
STREET ADDRESS	ONE EAST FOURTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	RUNK, FRED J	
STREET ADDRESS	ONE EAST FOURTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	45202
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	45202
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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-

Thomasc

Thomas E. Mischell
Assistant Treasurer

4/ 20 /98

(513) 579-2171

CR2E034 (10/97)