PROFIT CORPORATION ANNUAL REPORT

KEY LARGO GROUP, INC.

1. Corporation Name

DOCUMENT # 696640



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

FILED Apr 27, 1999 8:00 am Secretary of State

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29 30 Personal Property Tax. Yes INo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LUBAN, KENNETH A., ESQUIRE 31 OCEAN REEF DRIVE SUITE C-300 KEY LARGO FL 33037 82 Street Address (P.O. Box Number is Not Acceptable) 83 KEY LARGO FL 33037 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE Signature, typed or printed name of registered agent ind title if applicable (NOT): Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITICINS/CHANGES TO OFFICERS /ND DIRECTOFS IN 12 TITLE VAS
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LUBAN, KENNETH A., ESQUIRE 31 OCEAN REEF DRIVE SUITE C-300 KEY LARGO FL 33037 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE Signature, typed or printed mains of registered agent and title if applicable (NOT): Registered Agent signature rage red when reinstating) DATE 12. OFFICERS ANC DIRECTORS 13. ADDITIC INS/CHANGES TO OFFICERS AND DIRECTOF S IN 12 ITILE VAS
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STREET ADDRESS 580 WALNUT STREET CITY-ST-ZIP CINCINNATI. OH 45202

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 are truetor of the corporation or the receiver or truetors are directly on an attachment with an address, with all other like empowered.

Thomas E. Mischell

SIGNATURE:

NO TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

(513) 579-2171

Daytime Phone #