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

CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 849218

(3)

Principal Place of Business		Mailing Address		
617 SHEPHERD DRIVE CINCINNATI OH 45215		617 SHEPHERD DRIVE CINCINNATI OH 45215		
		•		
2. Principal Place of Business				
2. Principal Plac	e of Business	2a. Mailing Address		
<u> </u>	e of Business	2a. Mailing Address 26		
		├ ¬		
Suite, Apt. #,		26		
Suite, Apt. #,		Suito, Apt #, etc.		
21 Suite, Apt. #,		26 Suito, Apt #, etc.		

9. Name and Address of Current Registered Agent

FILED May 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

Fee Required \$5.00 May Be

Added to Fees

Yes

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualified 05/22/1981 4. FEI Number

31-0643128

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax due June 30. 10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM			Name			
1200 S. PINE ISLAND ROAD			82 Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			500.	Thomas (F.o. Box Hallings to Hot Vesspiese)		
		83				
		84	City	85 Zip Code		
		•	City	FL s z p cous		
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.		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO DELETE	11 TITLE		☐ Change ☐ Addition		
NAME		1.2 NAME				
STREET ADDRESS		1.3 STREET	ADDRESS	[
CITY-ST-ZIP	CINCININATI OH	1.4 CITY - S	T-ZIP			
TITLE		2.1 TITLE		Change Addition		
NAME		2.2 NAME				
STREET ADDRESS		2.3 STREET	ADDRESS			
CITY - ST - ZIP	CINCINNATI OH	2. 4 CITY-5	ST~ ZIP			
TITLE		3.1 TITLE		☐ Change ☐ Addition		
NAME		3.2 NAME				
STREET ADORESS		3 3 STREET	ADDRESS			
CITY-ST-ZIP	CINCINNATI OH	3.4. CITY-5	ST-ZIP			
TITLE	DELETE	4.1 TITLE		Change Addition		
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET	ADDRESS			
CITY-ST-ZIP		4.4 CITY-S	T-ZIP			
TITLE	DELETE	5.1 TITLE		Change Addition		
NAME		5.2 NAME		}		
STREET ADDRESS		5.3 STREET	ADDRESS	·		
CITY - ST - ZIP		5.4 CITY - S	T-ZIP			
TITLE	☐ DELETE	61 TITLE		Change Addition		
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET AD				
CITY-ST-ZIP		6.4 CITY - S				
14. Thereby 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 operation or the operation of the ope						