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PROFIT CORPORATION ANNUAL REPORT



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

1996

	ASSET MANAGEMENT, INC.	Mailing Address						
400 BROADWAY CINCINNATI OH 45202		400 BROADWAY CINCINNATI OH 45202						
					3. Date Incorporated or Qu 02/08/1993	ualified 3a. [Date of Last 05/01/	
2. Principal F	Place of Business	2a. Mailing Address 26			4. FEI Number 3 14 8 2 2 6 3 7 5	31-10189	957	Applied For Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Des	red		75 Additional ee Required
City & Stat	te	City & State 28			6. Election Campaign Finar Trust Fund Contribution	y m		.00 May Be ded to Fees
Zip 4	Country 25	Zւր 29	Country 30	,	8. This corporation has liab Florida Statutes	ility for intangibl XYes \[\] No		s 199.032,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of	New Register	ed Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			81	81 Name 82 Street Address (P.O. Box Number is Not Acceptable)				
	TATION FL 33324		83					
			84	,		F	• [Zip Code
• orallor a	ered agent, or both, in the State of Florid	In. Such change was author	tutes, tire above r irized ti _n trie corp	named corporation's b	poration submits this statement for ourd of directors. Thereby accept I	the purpose of the appointment	changing it Las register	s registered officied agent. I am
GNATURE	gree agent, or noth, in the State of Floric with, and accept the obligations of Sect Significant spector protections of egopotecta.jet.	ia. Such change was autho on 607.0505, Florida Statut and the days have	MIZACI ti, IMA COMP tes. (NOTE Registeral Age	oration's b	Outd of directors. Thereby accept I	the appointment	t as register -	red agent. I am
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14. I do hereby 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 denangorit, or on an attachment with an address

SIGNATURE:

Asst Treasurer 3-22-96 513-629-1426

Distance Process

Distance Process

Distance Process

Signature And Typed or Printed NAME of Sching Officer on Diffector Timothy D. Speed

6.4 CITY ST 712

6.2 NAME

6.3 STREET ADDRESS

STREET ADDRESS

400 BROADWAY

CINCINNATI OH 45202

Timothy D. Speed