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Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G11768 (0)  
1. Corporation Name  
NORTH AMERICA LIVESTOCK, INC.



Principal Place of Business 21 NORTH MAGNOLIA AVENUE STE 800 OCALA FL 34475 US	Mailing Address %THOMAS E. MISCHELL 1 E 4TH ST. STE 800 CINCINNATI OH 45202-3717 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 12/03/1982	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2242125	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LEIBEE, RICHARD D 4 S.E. FORT KING ST. OCALA FL 32678	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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LEIBEE, RICHARD D 21 N. MAGNOLIA AVE., STE. 200 OCALA, FL 00000 <input checked="" type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	PTD FEHRING, ANNE 580 WALNUT STREET CINCINNATI, OH 45202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, DONALD D 580 WALNUT ST. CINCINNATI OH <input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YERANT, GENE S. 4100 HARRY HINES BLVD. DALLAS TX <input checked="" type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	D MALY, ROBERT E. 580 WALNUT STREET CINCINNATI, OH 45202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HORRELL, KAREN HOLLEY 580 WALNUT ST. CINCINNATI OH <input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STANDLEE, KENDALL 21 N. MAGNOLIA AVE., STE. 200 OCALA FL <input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STANDLEE, KENDEL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MISCHELL, THOMAS E. ONE EAST FOURTH ST. CINCINNATI OH <input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 a 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, on an attachment with an address.

SIGNATURE:  Thomas E. Mischell  
Assistant Treasurer

CR2E034 (9/96)

**NORTH AMERICA LIVESTOCK, INC.  
OFFICERS & DIRECTORS**

OFFICE	NAME	ADDRESS
Assistant Treasurer	Fred J. Runk	1 East Fourth St, Cincinnati, OH 45202
Assistant Secretary	Patricia C. Clark	21 N. Magnolia Avenue, Suite 200, Ocala, FL 34475
Assistant Secretary	Ronald C. Hayes	580 Walnut St, Cincinnati, OH 45202
Assistant Secretary	Eve Cutler Rosen	580 Walnut St, Cincinnati, OH 45202