

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Matheson
Secretary of State
1995-1996 (Elected November 6, 1995)

APPROVED
AND
FILED

DOCUMENT # **G50803**

(7)

MAY - 1 PM 11:30

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CORPOREX PROPERTIES OF ORLANDO, INC.

P.O. BOX 75020
CINCINNATI OH 45275

P.O. BOX 75020
CINCINNATI OH 45275

2. Filing Fee (See Instructions)		3. Date of Report (Month/Day/Year)		3a. Date of Report Request	
21. Filing Fee (See Instructions)		07/21/1993		04/28/1994	
22. Filing Fee (See Instructions)		4. Filing Number		5. Certificate of Status (See Instructions)	
23. Filing Fee (See Instructions)		61-1034831		8.75 Additional Fee Required	
24. Filing Fee (See Instructions)		5. Certificate of Status (See Instructions)		6. Filing Fee (See Instructions)	
25. Filing Fee (See Instructions)		6. Filing Fee (See Instructions)		5.00 May Be Added to Fees	
26. Filing Fee (See Instructions)		7. Filing Fee (See Instructions)		8. Filing Fee (See Instructions)	
27. Filing Fee (See Instructions)		8. Filing Fee (See Instructions)		9. Filing Fee (See Instructions)	
28. Filing Fee (See Instructions)		9. Filing Fee (See Instructions)		10. Filing Fee (See Instructions)	
29. Filing Fee (See Instructions)		10. Filing Fee (See Instructions)		11. Filing Fee (See Instructions)	
30. Filing Fee (See Instructions)		11. Filing Fee (See Instructions)		12. Filing Fee (See Instructions)	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUMEISTER, WILLIAM F
1075 GILLS DR
STE 300
ORLANDO FL 38224

81. Name

82. Street Address (If Not Numbered, List Address)

83.

84. City

FL

85. Zip Code

11. I, the undersigned, being a duly qualified officer or director of the corporation, do hereby certify that the foregoing is a true and correct copy of the report of the corporation for the year ending on the date specified in the report, and that the same has been adopted by the board of directors of the corporation, and that the same is true and correct as the same appears in the report of the corporation.

12. OFFICER AND DIRECTOR (SEE INSTRUCTIONS) 13. ADDITIONAL OFFICER AND DIRECTOR (SEE INSTRUCTIONS)

NAME	DP	NAME		NAME	
50 E RIVERCENTER BLVD	BUTLER, WILLIAM P.	50 E RIVERCENTER BLVD		50 E RIVERCENTER BLVD	
COVINGTON KY		COVINGTON KY		COVINGTON KY	
V		V		V	
NAME	KRZYMINSKI, RICHARD	NAME		NAME	
50 E RIVERCENTER BLVD		50 E RIVERCENTER BLVD		50 E RIVERCENTER BLVD	
COVINGTON KY		COVINGTON KY		COVINGTON KY	
V		V		V	
NAME	GALLINIS, ROBERT A	NAME		NAME	
50 E RIVERCENTER BLVD #1200		50 E RIVERCENTER BLVD #1200		50 E RIVERCENTER BLVD #1200	
COVINGTON KY		COVINGTON KY		COVINGTON KY	
V		V		V	
NAME	BLACKHAM, J. WILLIAM III	NAME		NAME	
50 E RIVERCENTER BLVD		50 E RIVERCENTER BLVD		50 E RIVERCENTER BLVD	
COVINGTON KY		COVINGTON KY		COVINGTON KY	
AS		AS		AS	
NAME	MALOTT, ELVA A	NAME		NAME	
50 E RIVERCENTER BLVD		50 E RIVERCENTER BLVD		50 E RIVERCENTER BLVD	
COVINGTON KY		COVINGTON KY		COVINGTON KY	
V		V		V	
NAME	BAUMEISTER, WILLIAM F.	NAME		NAME	
50 E. RIVER CENTER BLVD		50 E. RIVER CENTER BLVD		50 E. RIVER CENTER BLVD	
COVINGTON KY		COVINGTON KY		COVINGTON KY	

14. I, the undersigned, being a duly qualified officer or director of the corporation, do hereby certify that the foregoing is a true and correct copy of the report of the corporation for the year ending on the date specified in the report, and that the same has been adopted by the board of directors of the corporation, and that the same is true and correct as the same appears in the report of the corporation.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

413195