

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # G50803 (7)

1. Corporation Name

CORPOREX PROPERTIES OF ORLANDO, INC.

Principal Place of Business

P.O. BOX 75020
CINCINNATI OH 45275

Mailing Address

P.O. BOX 75020
CINCINNATI OH 45275

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1983

4. FEI Number

61-1034831

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name SAME

82 Street Address (P.O. Box Number is Not Acceptable)

255 S. Orange Ave

83 Suite 1144

84 City Orlando

FL 85 Zip Code 32801

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. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME BUTLER, WILLIAM P
STREET ADDRESS 50 E RIVERCENTER BLVD
CITY-ST-ZIP COVINGTON KY

TITLE VS ☒ DELETE

NAME HENSLEY, THOMAS E
STREET ADDRESS 50 E RIVERCENTER BLVD
CITY-ST-ZIP COVINGTON KY

TITLE D ☒ DELETE

NAME KLARE, JOHN E
STREET ADDRESS 50 E RIVERCENTER BLVD #1200
CITY-ST-ZIP COVINGTON KY

TITLE V ☐ DELETE

NAME BLACKHAM, J. WILLIAM III
STREET ADDRESS 50 E RIVERCENTER BLVD
CITY-ST-ZIP COVINGTON KY

TITLE AS ☐ DELETE

NAME MALOTT, ELVA A
STREET ADDRESS 50 E RIVERCENTER BLVD
CITY-ST-ZIP COVINGTON KY

TITLE V ☐ DELETE

NAME BAUMEISTER, WILLIAM F
STREET ADDRESS 50 E. RIVER CENTER BLVD
CITY-ST-ZIP COVINGTON KY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Thomas E. Banta
1.3 STREET ADDRESS 50 E. Rivercenter Blvd.
1.4 CITY-ST-ZIP Covington, KY 41011

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Peter Sackmann
2.3 STREET ADDRESS 50 E. Rivercenter Blvd.
2.4 CITY-ST-ZIP Covington, KY 41011

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Drew Smith
3.3 STREET ADDRESS 50 E. Rivercenter Blvd.
3.4 CITY-ST-ZIP Covington, KY 41011

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Martin C. Butler
4.3 STREET ADDRESS 50 E. Rivercenter Blvd.
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, or on an attachment with an address.

SIGNATURE: *William F. Baumeister*

4-9-98 (1/21/98) 292-5522

CR2E034 (10/97)