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Feb 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004944

1. Corporation Name
B.F. INDUSTRIAL CENTER OWNERS' ASSOCIATION, INC.

Principal Place of Business 7759 MONTGOMERY ROAD CINCINNATI OH 45236 9792 WINDISCH RD. WEST CHESTER, OH 45069	Mailing Address 7759 MONTGOMERY ROAD CINCINNATI OH 45236 9792 WINDISCH RD WEST CHESTER, OH 45069
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2. Principal Place of Business 21 9792 WINDISCH RD Suite, Apt. #, etc. 22 WEST CHESTER OH City & State 23 45069 Zip Country	2a. Mailing Address 26 9792 WINDISCH RD Suite, Apt. #, etc. 27 WEST CHESTER OH City & State 28 45069 Zip Country	3. Date Incorporated or Qualified 09/23/1996	4. FEI Number 31-1480072 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	

9. Name and Address of Current Registered Agent

**KANTER, JOHN E
 6010 SUNSET DRIVE
 MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	701 LAKEVIEW DR
83 City	MIAMI BEACH
84 City	FL
85 Zip Code	33140

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	KANTER, JOHN E	
STREET ADDRESS	701 LAKEVIEW DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	WILDERMUTH, ROBERT E	
STREET ADDRESS	7759 MONTGOMERY RD.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KANTER, JOSEPH H	
STREET ADDRESS	3550 BISCAYNE BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9792 WINDISCH RD
2.4 CITY-ST-ZIP	WEST CHESTER OH 45069
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4770 BISCAYNE BLYD
3.4 CITY-ST-ZIP	MIAMI FL 33137
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **1/26/99** **513 779 7377**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)