## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

**FILED** Jul 29 1997 8:00am Secretary of State

	MENT # P09148 on Name G HOMES, INC. /	3	(8)						A AAAA AAAA CA	AL BABUK KADU	
Principal Pla	ce of Business	Mailing A	Address				E ENDOLOGIS INT ORMAR TRARY ELIKU DINGAN	ION THEN DIS	(I SIGH BISH BIE	ft <b>elet</b> i f <b>ee</b> i	
11300 CORN	ELL PARK DR	11300 C	11300 CORNELL PARK DR								
SUITE 300 SUITE 300 SUITE 300 CINCINNATI OH 45242-1825 CINCINNATI OH 452				906			DO NOT WOR	C 41 T 110	00405		
CINCAMACII	OH 43242-1623	CINCINN	AII UN 45242-10	120		3.	DO NOT WRIT Date Incorporated or Qualified		Date of Last R	lenort	7
						"	02/18/1986	1	0/08/1996	юрон	
2. Principal i	Place of Business	2a. Mailin	g Address			4.	FEI Number	!!		oplied For	1
21		26	<del></del>				31-1071348			ot Applicable	
Suite, Apt	#, etc. 5 <i>00</i>	-	Suite, Apt. #, etc.				Certificate of Status Desired		<b>4</b>	Additional	
City & Sta		27 500 City & State					FI 0			equired	4
23	nie	28				6.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
( ZID	Country	Zip		Country	,	8.	This corporation owes or has g				1
24				30	This delipolation over or has paid the compile year in						
	9, Name and Address of Current	Registered /	Agent			10.	Name and Address of New F	egistered	Agent		]
	T CORPORATION SYSTEM			81	Name						
	00 SOUTH PINE ISLAND ROAD ANTATIO FL 33324					Address (P	ddress (P.O. Box Number is Not Acceptable)				1
"	ANIAHO FL 33324			83	ļ						-
				84	City			FL	85 Zip (	Code	
11. Pursuani	t to the provisions of Sections 607,0502	and 607.150	8, Florida Statut	es, the above	e-named	corporation	submits this statement for the			ls registered	┪
office or agent. I	t to the provisions of Sections 607.0502 registered agent, or both, in the State c am familiar with, and accept the obligat	of Florida, Suctions of, Section	ch change was a on 607.0505, Fl	authorized by orida Statute:	y the corp s.	poration's b	oard of directors. I hereby acc	ept the ap	pointment as	registered	
SIGNATURE											
12.	Signature, typed or printed name of registered agent		·	E: Registered Age	nt signature		reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIDECTOR	C IN to	- -
TITLE	CO	DINECTORS	DELETE	1.1 TITLE			ODITIONS/CHANGES TO OFF	ICERS AIN	Change	Addition	10/7
NAME	ZARING, ALLEN G, III		_	1.2 NAME					-	_	4
STREET ADDRESS	11300 CORNELL PARK 300			1.3 STREET	ADDRESS	11300	O COPNEUL PAI	ورساح	<b>5</b> 0176	500	[2
CITY-ST-ZIP	CINCINNATI OH 45242-1825			1.4 CITY - S	17 - ZIP						ă
TITLE	P		DELETE	21 TITLE	1				Change	Addition	70
NAME	CASEY, GEORGE E JR.	HTC AAA		2.2 NAME					COLUMN	500	ľ
STREET ADDRESS	11300 CORNELL PARK DR, SU CINCINNATI OH 45242-1825	JILE 300		2.3 STREET	)	11300	COPNELL PA	1 <del>-1</del> /	, 30112	. 500	
CITY-ST-ZIP	VP		DELETE	2.4 CITY-1	ST-ZIP				Change	Addition	4
NAME	GRATZ, RONALD G		- OLLEGE	3.1 TITLE 3.2 NAME						,	-
STREET ADDRESS	11300 CORNELL PARK DR. SU	ITE 300		g a girren	ADDRESS	1130	COPUELL PA	PEK.	, Suite	£ 500	
CITY-ST-ZIP	CINCINNATI OH 45242-1825			3.4. CITY-5		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
TITLE	VP		DELETE	4.1 TITLE					Change	Addition	1
NAME	HEBLER, JEFFRY T			4. 2 NAME	l						
STREET ADDRESS		JITE 300		4.3 STREET	ADDRESS	11300	o copueum p	PRK	, SUITE	2 <i>500</i>	
CITY-ST-ZIP	CINCINNATI OH 45242-1825			4.4 CITY - S	T-ZIP						
TITLE	VPGC		DELETE	51 TITLE	ł				Change	Addition	-
NAME	MASSARELLI, MATHEW S 11300 CORNELL PARK DR, SU	IITE OM		5.2 NAME			OFFILL	AIZV	7ادیکی	16 SOD	
STREET ADDRESS	CINCINNATI OH 45242-1825	11 E 300		5.3 STREET	!	11300		,	,,		1
CITY-ST-ZIP TITLE	SVP	·	DELETE	5.4 CITY - S 6.1 TITLE	T-ZIP			. <del></del>	Change	Addition	-
NAME	PAYNE, PATRICIA A			6.2 NAME	Í				TEL OURURN		1
STREET ADDRESS	11300 CORNELL PARK DR, SU	ITE 300		6.3 STREET	ADORESS	11300	O COPUSELL PR	RK.	SUITE	500	
CITY-ST-ZIP	CINCINNATI OH 45242-1825			6.4 CITY - S		<b> </b>			. +		
	by certify that the information supplied	with this filing	does not quali			tated in Sec	ction 119 07(3)(i) Florida Statut	as Lituribe	er certify that	the	1

I do nereby certify that the information supplied with this tilling does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Trunner 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 empewered 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.

613-489-8849