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FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P09148 (8)
1. Corporation Name
ZARING HOMES, INC.

Principal Place of Business 11300 CORNELL PARK DR SUITE 500 CINCINNATI OH 45242-1825 US	Mailing Address 11300 CORNELL PARK DR SUITE 500 CINCINNATI OH 45242-1825 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/18/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 31-1071348	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATIO FL 33324		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	CHAIRMAN, PRES
NAME	ZARING, ALLEN G, III	1.2 NAME	
STREET ADDRESS	11300 CORNELL PARK, SUITE 500	1.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	EX. V. PRES
NAME	CASEY, GEORGE E JR.	2.2 NAME	DANIEL JONES
STREET ADDRESS	11300 CORNELL PARK, SUITE 500	2.3 STREET ADDRESS	11300 CORNELL PARK, SUITE 500
CITY - ST - ZIP	CINCINNATI OH	2.4 CITY - ST - ZIP	CINCINNATI, OH 45242
TITLE	VP	3.1 TITLE	
NAME	GRATZ, RONALD G	3.2 NAME	
STREET ADDRESS	11300 CORNELL PARK, SUITE 500	3.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	
NAME	HEBLER, JEFFRY T	4.2 NAME	
STREET ADDRESS	11300 CORNELL PARK, SUITE 500	4.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	4.4 CITY - ST - ZIP	
TITLE	VPGC	5.1 TITLE	
NAME	MASSARELLI, MATHEW S	5.2 NAME	
STREET ADDRESS	11300 CORNELL PARK, SUITE 500	5.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	5.4 CITY - ST - ZIP	
TITLE	SVP	6.1 TITLE	
NAME	PAYNE, PATRICIA A	6.2 NAME	
STREET ADDRESS	11300 CORNELL PARK, SUITE 500	6.3 STREET ADDRESS	
CITY - ST - ZIP	CINCINNATI OH	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: _____ VP-CFO 3/13/98 573-489-8849

CR2E034 (10/97)