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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P16849 (2)

1. Corporation Name

BROTHERS PROPERTY CORPORATION

Principal Place of Business

C/O THOMAS E. MISCHELL
2699 S BAYSHORE DR. STE 800
MIAMI FL 33133
US

Mailing Address

C/O THOMAS E. MISCHELL
2699 S BAYSHORE DR. STE 800
MIAMI FL 33133-5426
US

3. Date Incorporated or Qualified
11/18/1987

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26 c/o Thomas E. Mischell

Suite, Apt. #, etc.

22

City & State

27 One East Fourth Street - 8th Floor

City & State

23

Zip

Country

28 Cincinnati, OH

Zip

Country

24

25

29 45202

30

4. FEI Number
59-2840291

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUBAN, KENNETH A.
31 OCEAN REEF DRIVE, SUITE C-300
KEY LARGO FL 33037

81 Name

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

83

84 City

FL

85 Zip Code

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 PD
NAME FULLER, VICTOR L.
STREET ADDRESS 2699 S. BAYSHORE DR 900E
CITY-ST-ZIP MIAMI FL 33133

TITLE S
NAME LUBAN, KENNETH A.
STREET ADDRESS 31 OCEAN REEF DR C-300
CITY-ST-ZIP KEY LARGO FL 33037

TITLE D
NAME LINTZ, ROBERT C.
STREET ADDRESS ONE E. FOURTH ST., 2ND FLOOR
CITY-ST-ZIP CINCINNATI OH 45202

TITLE V
NAME MISCHELL, THOMAS E
STREET ADDRESS 1 E 4TH ST., 8TH FLOOR
CITY-ST-ZIP CINCINNATI OH 45202

TITLE D
NAME VONDERHAAR, DANIEL J
STREET ADDRESS ONE E FOURTH ST., 2ND FLOOR
CITY-ST-ZIP CINCINNATI OH 45202

TITLE V
NAME FULLER, STEPHEN M.
STREET ADDRESS 2699 S. BAYSHORE DR 900E
CITY-ST-ZIP MIAMI FL 33133

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Mischell

Vice President

4/22/97

(513) 579-2171

Date

Daytime Phone

0179512

CR2E034 (9/96)