

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90116 030 ***150.00

DOCUMENT # P37334

1. Corporation Name
CORPOREX REALTY & INVESTMENT CORPORATION

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

02/03/1992

4. FEI Number

61-0670372

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUMEISTER, WILLIAM F
255 S ORANGE AVE #1144
ORLANDO FL 32801

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME BUTLER, WILLIAM P
STREET ADDRESS 50 E. RIVER CENTER BL, 12
CITY-ST-ZIP COVINGTON KY

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME BLACKHAM, J. WILLIAM
STREET ADDRESS 50 E. RIVER CENTER BL, 12
CITY-ST-ZIP COVINGTON KY

2.1 TITLE ☐ Change ☐ Addition

TITLE AS ☐ DELETE

NAME MARLOTT, ELVA
STREET ADDRESS 50 E. RIVER CENTER BL, 12
CITY-ST-ZIP COVINGTON KY

3.1 TITLE ☐ Change ☐ Addition

TITLE PCD ☐ DELETE

NAME WILLIAM P BUTLER
STREET ADDRESS 50 E RIVERCENTER BLVD
CITY-ST-ZIP COVINGTON KY 41011

4.1 TITLE ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME PETER SACKMANN
STREET ADDRESS 50 E RIVERCENTER BLVD
CITY-ST-ZIP COVINGTON KY 41011

5.1 TITLE ☒ Change ☐ Addition

TITLE V ☐ DELETE

NAME BANTA, THOMAS E
STREET ADDRESS 50 E RIVER CENTER BLVD SUITE 1200
CITY-ST-ZIP COVINGTON KY 41011

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)