

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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'95 MAY -1 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995-1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Mathews Secretary of State CORPORATIONS
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**DOCUMENT # P93000069333 (1)**  
1. Corporation Name  
**LATITUDES AT THE MOORS, INC.**

Principal Place of Business <b>6170 NORTHWEST 173RD STREET MIAMI FL 33015</b>	Mailing Address <b>6170 NORTHWEST 173RD STREET MIAMI FL 33015</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/06/1993</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>31x1287883x 65-0440572</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24	2a. Mailing Address 26 <b>400 Broadway</b> Suite, Apt. #, etc. 27 <b>Tax Dept.</b> City & State 28 <b>Cincinnati, OH</b> Zip 29 <b>45202</b> Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
**FL** B5 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 in printed name of registered agent and fee if applicable. NOT Registered Agent signature required when registering. DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D CLARK, JAMES N 400 BROADWAY CINCINNATI OH 45202</b>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D LEDWIN, WILLIAM F 400 BROADWAY CINCINNATI OH 45202</b>	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D WUEBBLING, DONALD J 400 BROADWAY CINCINNATI OH 45202</b>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>D SAN MARCO, MARIO 400 BROADWAY CINCINNATI OH 45202</b>	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>AT SPEED, T.D 400 BROADWAY CINCINNATI OH 45202</b>	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), 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 of this report, or on an attachment with an address.

SIGNATURE:  **Timothy D. Speed** 4/28/95 513-629-1426  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date File No.