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FILED

**May 09 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 # P93000069333 (1)

1. Corporation Name
LATITUDES AT THE MOORS, INC.



Principal Place of Business
**6170 NORTHWEST 173RD STREET
MIAMI FL 33015**

Mailing Address
**400 BROADWAY
TAX DEPT.
CINCINNATI OH 45202-3312
US**

3. Date Incorporated or Qualified
10/06/1993

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

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
65-0440572

Applied For
 Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip
24

Country
25

Zip
29

Country
30

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, JAMES N	
STREET ADDRESS	400 BROADWAY	
CITY- ST- ZIP	CINCINNATI OH 45202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEDWIN, WILLIAM F	
STREET ADDRESS	400 BROADWAY	
CITY- ST- ZIP	CINCINNATI OH 45202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WUEBBLING, DONALD J	
STREET ADDRESS	400 BROADWAY	
CITY- ST- ZIP	CINCINNATI OH 45202	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SAN MARCO, MARIO	
STREET ADDRESS	400 BROADWAY	
CITY- ST- ZIP	CINCINNATI OH	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	SPEED, T.D	
STREET ADDRESS	400 BROADWAY	
CITY- ST- ZIP	CINCINNATI OH 45202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

4-24-97 513-629-1426

Date Daytime Phone #

0478639

CR2E034 (9/96)