FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000085093 (1)

1. Corporation Name
BROTHERS PORT RICHEY CORPORATION

Principal Place of Business
2699 SOUTH BAYSHORE DR.
MIAMI FL 33133

Mailing Address
C/O THOMAS E. MISCHELL
ONE EAST FOURTH STREET
CINCINNATI OH 45202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21
22 Suite, Apt #, etc: Suite 800
23 City & State:
24 Zip:
25 Country: US

2a. Mailing Address
26
27 Suite, Apt #, etc: Suite 800
28 City & State:
29 Zip:
30 Country: US

4. FEI Number: ~~APPLIED FOR~~ 65-0474499 — ☐ 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

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

10. Name and Address of New Registered Agent

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	FULLER, VICTOR L	12 NAME	
STREET ADDRESS	2699 SOUTH BAYSHORE DR. 900E	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33133	14 CITY ST ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	RUNK, FRED J	22 NAME	
STREET ADDRESS	ONE EAST FOURTH STREET	23 STREET ADDRESS	
CITY ST ZIP	CINCINNATI OH 45202	24 CITY ST ZIP	
TITLE	V	31 TITLE	VAS ☒ Change ☐ Addition
NAME	FULLER, STEPHEN M	32 NAME	
STREET ADDRESS	2699 SOUTH BAYSHORE DR. 900E	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33133	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	MISCHELL, THOMAS E	42 NAME	
STREET ADDRESS	ONE EAST FOURTH STREET	43 STREET ADDRESS	
CITY ST ZIP	CINCINNATI OH 45202	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	LUBAN, KENNETH A	52 NAME	
STREET ADDRESS	31 OCEAN REEF DRIVE SUITE C-300	53 STREET ADDRESS	
CITY ST ZIP	KEY LARGO FL 33037	54 CITY ST ZIP	
TITLE	AS	61 TITLE	☒ Change ☐ Addition
NAME	FAUST, NARC L	62 NAME	Faust, Marc L
STREET ADDRESS	2699 S. BAYSHORE DR. 900E	63 STREET ADDRESS	
CITY ST ZIP	MIAMI FL 33133	64 CITY ST ZIP	

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 119.07(1)(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: T Mischell — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vice President
Thomas E. Mischell
Date: 4/24/95
Daytime Phone #: (513) 579-2171

0364875 CP