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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000085093 (1) **DOCUMENT #** 

RA	OTHERS	PORT	RICHEY	CORPORATION	

Mailing Address Principal Place of Business C/O THOMAS E. MISCHELL 2699 SOUTH BAYSHORE DR. ONE EAST FOURTH STREET MIAMI FL 33133 CINCINNATI OH 45202 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 12/06/1993 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0474499 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired ΓΊ Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Zφ Yes No Elorida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) LUBAN, KENNETH A 82 31 OCEAN REEF DRIVE SUITE C-300 KEY LARGO FL 33037 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Bigistared Agent signature required when ministating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition TT DELETE 1. 1 THLE THILE 1.2 NAME FULLER, VICTOR L NAME 2699 SOUTH BAYSHORE DR. 900E 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - \$1 - ZIP **MIAMI FL 33133** CITY-ST-ZIP ☐ Change Addition DELETE 2 1 THLE THILE 2.2 NAME RUNK, FRED J NAME ONE EAST FOURTH STREET 23 STREET ADDRESS STREET ADDRESS CINCINNATI OH 45202 2.4 CITY- ST- ZIP CITY - ST - ZIP Addition (X) Change DELETE 3. 1 TOLE 3.2 NAME FULLER, STEPHEN M NAME 2699 SOUTH BAYSHORE DR. 900E 3.3 STREET ADDRESS STREET ADDRESS 33133 IMAIM MIAMI FL 3 4 CITY-S1-7IP CITY-ST-ZIP Change DELETE 4.1 TITUE TITLE 4.2 NAME MISCHELL, THOMAS E NAME ONE EAST FOURTH STREET 4.3 STREET ADDRESS STREET ADDRESS **CINCINNATI OH 45202** 4.4 O/TY - ST - ZIP CHY-SI-7@ ☐ Change Addition ["] DELETE 5 1 TITLE TITLE 5.2 NAME LUBAN, KENNETH A NAME 31 OCEAN REEF DRIVE SUITE C-300 5.3 STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 5.4 C(TY-\$1-ZIP) CITY - \$1 - ZIP Addition DELETE 6.11IILE AS TILLE FAUST, MARC L. 6.2 NAME NAMÉ 6.3 STREET ADDRESS 2699 S. BAYSHORE DR. 900E STREET ADDRESS 33133 FL

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(3)(k). 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 coloration 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 charges are not attachment with an address.

6.4 CITY-\$1-ZIP

SIGNATURE:

ASSISTANT TREASURER

IMAIM

(12/95)CR2E034



BROTHERS PORT RICHEY CORPORATION FEIN: 65-0474499 1996 FLORIDA ANNUAL REPORT ADDITIONAL OFFICERS

ASSISTANT SECRETARY RONALD C. HAYES 580 WALNUT STREET CINCINNATI, OH 45202

ASSISTANT SECRETARY
JAMES C. KENNEDY
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CINCINNATI, OH 45202