

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

FILED
Apr 30 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 Suite 800E

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 Suite 800

City & State

28

Zip

Country

29

30

4. FEI Number

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP
FULLER, VICTOR L
2699 SOUTH BAYSHORE DR. 800E
MIAMI FL 33133

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VT
RUNK, FRED J
ONE EAST FOURTH STREET
CINCINNATI OH 45202

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VAS
FULLER, STEPHEN M
2699 SOUTH BAYSHORE DR. 900E
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V
MISCHELL, THOMAS E
ONE EAST FOURTH STREET
CINCINNATI OH 45202

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS
FAUST, MARC L.
2699 S. BAYSHORE DR. 900E
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2699 SOUTH BAYSHORE DR 800E

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

2699 SOUTH BAYSHORE DR 800E

33133

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

2699 SOUTH BAYSHORE DR 800E

33133

33133

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 in an attachment with an address.

SIGNATURE:



Thomas E. Mischell

Vice President.

4/20/98

(513) 579-2171

CR2E034 (10/97)