FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000017321

1. Corporation Name

L.O.E., Inc.

Principal Place of Business	Mailing Address
8100 Buckingham Road Cincinnati, Ohio 45243	8100 Buckingham Road Cincinnati, Ohio 45243

2. Principal Place of Business	2a. Mailing Address
21	26 c/o Keys & Simpkinson
Suite, Apt #, etc 22	Suite, Apt #, etc 27 36 E. 4th St., Suite 1304
City & State 23	City & State 28 Cincinnati, Ohio
Zip 24 Country 25	Zip 29 45202 Country 30

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report: 05/01/95
4. FEI Number: 59-3229048 [ ] 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.... Florida Statutes [ ] Yes [ ] No

9. **Name and Address of Current Registered Agent**

Baugher, Roi E II
4001 Tamiami Trail North
Suite 300
Naples, FL 33940

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		
TITLE	P/T/D	[ ] DELETE
NAME	Lawrence, Anne I.	
STREET ADDRESS	8100 Buckingham Road	
CITY-ST-ZIP	Cincinnati, Ohio 45243	
TITLE	V/Assistant S/D	[ ] DELETE
NAME	Lawrence, John T. III	
STREET ADDRESS	4710 Hilltop Lane	
CITY-ST-ZIP	Cincinnati, Ohio 45243	
TITLE	S/D	[ ] DELETE
NAME	Hobson, Mary G.	
STREET ADDRESS	3645 Kroger Avenue	
CITY-ST-ZIP	Cincinnati, Ohio 45226	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS	100001820451	
5.4 CITY-ST-ZIP	-05/14/96--01069--015	
6.1 TITLE	***200.00	[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS	5-15-96 JR	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Anne I. Lawrence, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Anne I. Lawrence, President

(513) 831-6300
Daytime Phone #