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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S84411

RIG FASY CALLIN AT CINCINNATI INC.

(5)

	_	FILEI)
Feb	17	1998	8:00am
Se	ecre	tary o	f State

Principal Plac	e of Busines	s	M	ailing Address	<u>-</u>			
28 W. 4TH STREET 7411 FULLERTON ST SUITE 111 STE 204								
CINCINNATI OH 45202 JACKSONVILEL FL 32256			56			DO NOT WRITE IN THIS SPACE		
US	.,			us 				3. Date Incorporated or Qualified 10/02/1991
2. Principal P	Place of Busin	ness	26.	Mailing Address				4. FE! Number Applied For
21			26					59-3096338 Not Applicable
Suite, Apt #, etc.		27					5. Certificate of Status Desired S8.75 Additional Fee Required	
City & Stat	e		28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	-	Country	- 201	Zip	1 0	Country	,	8. This corporation owes or has paid the current year Intangible
24		25	29	,	30	•		Personal Property Tax due June 30. Yes No
	9. Name	and Address of Curre		tered Agent				10. Name and Address of New Registered Agent
DF	RAUGHON,	RICHARD SCOTT	•			81	Name	
200 W. FORSYTH ST - STE 1730 JACKSONVILLE FL 32202						62	Street Ad	Address (P.O. Box Number is Not Acceptable)
•						83		
						84	City	86 Zip Code
11. Pursuant	to the provis	ions of Sections 607 050	02 and 6	07 1508 Florida Statu	ites the	a above	a-named c	FL S 210 COOR
office or r	registered ag	ent, or both, in the State th, and accept the oblig	of Florid	da. Such change was	authori	zed by	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	in tansaa w	ins, and according	janions of	1, 3601011 007.0303, 1	ioriua 3	naioles	> .	
SIGNATURE	Signature, typiod	or provided name of requirement ag	ent and bio	flapple able (NO	TE: Flegisl	ered Age	ent signature re	required when reinstating) DATE
12.		OFFICERS AN	ID DIREC		1	3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	INIA 00		[_] DELETE	1.1	1 TITLE		☐ Change ☐ Addition
NAME		UNG-PO			- 1	2 NAME		
STREET ADDRESS		Southside S-305 Dnyille fl					ADDRESS	•
CITY-ST-ZIP TITLE	T	ONVILLE TE		DFLETE		1 CITY-5 1 TITLE	T-ZIP	Change Addition
NAME	YEN, K	INGTI		Court		2 NAME		Life Change Life Adoption
STREET ADDRESS		SOUTHSIDE S-305					ADORESS	
CITY-ST-ZIP		ONVILLE FL				4 CITY-5	· · · · · · · · · · · · · · · · · · ·	
TITLE				☐ DELETE		1 TITLE	21-415	Change Addition
NAME				<u>—</u>		2 NAME		Sand Circulate April 1
STREET ADDRESS					- 1		ADDRESS	
CITY-ST-ZIP						4. CITY-S		
TITLE				☐ DELETE		1 TITLE		Change Addition
NAME					4.	2 NAME	1	
STREET ADDRESS					4.3	3 STREET	ADDRESS	
CITY-ST-ZIP					4.4	CITY-S	T - ZIP	
TITLE				☐ DELETE	5.1	TITLE		Change Addition
NAME					5.2	2 NAME		
STREET ADDRESS					5.3	3 STREET	address	
CITY-ST-ZIP					5.4	4 CHTY - S	T-ZIP	
TITLE				☐ DELETE		1 TETLE		Change Addition
NAME		•				2 NAME		
STREET ADDRESS					6.3	STREET	ADDRESS	
CITY-ST-ZIP	and further that the	o information or material a	delection to	luo doo nat ou-10 4		CITY-S		1 - C

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 supplientential 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:

2 10/98

904-363-0366