

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 # **F94000001394 (5)**

1. Corporation Name
Gallic Brothers, Inc.



Principal Place of Business: **580 WALNUT STREET CINCINNATI OH 45202**
Mailing Address: **C/O MISCHELL, THOMAS. E ONE EAST FOURTH STREET, STE 800 CINCINNATI OH 45202 US**

3. Date Incorporated or Qualified: **03/18/1994**
3a. Date of Last Report: **03/13/1995**
4. FEI Number: **31-1391777**
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 24
Country: 25
Zip: 29
Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUBAN, KEN
OCEAN REEF CLUB
31 OCEAN REEF DR., STE C-300
KEY LARGO FL 33037**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FULLER, VICTOR L	
STREET ADDRESS	2699 SOUTH BAYSHORE DR., STE 900E	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FULLER, STEPHEN M	
STREET ADDRESS	2699 SOUTH BAYSHORE DR., STE 900E	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINTZ, ROBERT C	
STREET ADDRESS	1 EAST FOURTH STREET	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MANEY, WILLIAM J	
STREET ADDRESS	250 EAST 5TH STREET	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	MUETHING, MARK F	<input checked="" type="checkbox"/>
STREET ADDRESS	250 EAST 5TH STREET	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TATE, JEFF S	
STREET ADDRESS	250 EAST 5TH STREET	
CITY-ST-ZIP	CINCINNATI OH	

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kenneth A. Luban	
1.3 STREET ADDRESS	31 Ocean Reef Drive	
1.4 CITY-ST-ZIP	Key Largo, FL 33037	
2.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas E. Mischell	
2.3 STREET ADDRESS	One East Fourth Street	
2.4 CITY-ST-ZIP	Cincinnati, OH 45202	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Christopher D. Miliano	
3.3 STREET ADDRESS	250 East Fifth Street	
3.4 CITY-ST-ZIP	Cincinnati, OH 45202	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	James C. Kennedy	
4.3 STREET ADDRESS	One East Fourth Street	
4.4 CITY-ST-ZIP	Cincinnati, OH 45202	
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE *	000001838030	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-05/24/96--01025--020	
6.3 STREET ADDRESS	***200.00	
6.4 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(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: **Mark F. Muething** 4/22/96 513-579-2171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)