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May 09 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # F94000001394 (5)

1. Corporation Name
GALIC 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 45202-3717 US**

3. Date Incorporated or Qualified: **03/18/1994**
 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **31-1391777**
 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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24
 Country: 25
 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 27
 City & State: 28
 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
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. 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	V	<input type="checkbox"/> DELETE
NAME	MUETHING, MARK F	
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	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mischell, Thomas E.	
1.3 STREET ADDRESS	One East Fourth Street - 8th Floor	
1.4 CITY - ST - ZIP	Cincinnati, OH 45202	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *Thomas E. Mischell* Thomas E. Mischell Assistant Treasurer 4/8 2/97 (513) 579-2171
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)