

5-6-98 B 6557C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 250 EAST FIFTH STREET	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CINCINNATI, OH	City & State 28
Zip 24 45202	Country 25 US
	Zip 29
	Country 30

3. Date Incorporated or Qualified 03/18/1994	
4. FEI Number 31-1391777	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LUBAN, KEN
 OCEAN REEF CLUB
 31 OCEAN REEF DR., STE C-300
 KEY LARGO FL 33037**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	1.1 TITLE FULLER, VICTOR L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FULLER, VICTOR L		1.2 NAME	
STREET ADDRESS 2699 SOUTH BAYSHORE DR., STE 900E		1.3 STREET ADDRESS 2699 SOUTH BAYSHORE DR STE 800E	33133
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE FULLER, STEPHEN M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FULLER, STEPHEN M		2.2 NAME	
STREET ADDRESS 2699 SOUTH BAYSHORE DR., STE 900E		2.3 STREET ADDRESS 2699 SOUTH BAYSHORE DR STE 800E	33133
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE LINTZ, ROBERT C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LINTZ, ROBERT C		3.2 NAME	
STREET ADDRESS 1 EAST FOURTH STREET		3.3 STREET ADDRESS CINCINNATI OH	45202
CITY-ST-ZIP CINCINNATI OH		3.4 CITY-ST-ZIP	
TITLE VT	<input type="checkbox"/> DELETE	4.1 TITLE MANEY, WILLIAM J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANEY, WILLIAM J		4.2 NAME	
STREET ADDRESS 250 EAST 5TH STREET		4.3 STREET ADDRESS CINCINNATI OH	45202
CITY-ST-ZIP CINCINNATI OH		4.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE MUETHING, MARK F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUETHING, MARK F		5.2 NAME	
STREET ADDRESS 250 EAST 5TH STREET		5.3 STREET ADDRESS CINCINNATI OH	45202
CITY-ST-ZIP CINCINNATI OH		5.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	6.1 TITLE TATE, JEFF S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TATE, JEFF S		6.2 NAME	
STREET ADDRESS 250 EAST 5TH STREET		6.3 STREET ADDRESS CINCINNATI OH	45202
CITY-ST-ZIP CINCINNATI OH		6.4 CITY-ST-ZIP	

TITLE AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MISCHELL, THOMAS E	
STREET ADDRESS ONE EAST FOURTH STREET 8TH FLOOR	
CITY-ST-ZIP CINCINNATI, OH 45202	45202

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 its 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* **Thomas E. Mischell** Assistant Treasurer

CR2E034 (10/97)