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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 664278

1. Corporation Name
NANCY REED ENTERPRISES INC.

Principal Place of Business
3550 BISCAYNE BLVD. #504
MIAMI FL 33137

Mailing Address
7759 MONTGOMERY ROAD
3
CINCINNATI OH 45241
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/06/1980

4. FEI Number
59-1976689

Applied For
Not Applicable

2. Principal Place of Business
21 4770 BISCAYNE BLVD

2a. Mailing Address
26 9792 WINDISH RD.

Suite, Apt. #, etc.
22 SUITE #1150

Suite, Apt. #, etc.
27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State
23 MIAMI, FL

City & State
28 WEST CHESTER, OHIO

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country
24 33137 25 DADE

Zip Country
29 45069 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KANTER, JOSEPH
3550 BISCAYNE BLVD. #504
MIAMI FL 33137

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 4770 BISCAYNE BLVD #1150

84 City MIAMI FL 85 Zip Code 33137

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KANTER, N R
STREET ADDRESS 3550 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 4770 BISCAYNE BLVD #1150
1.4 CITY-ST-ZIP

TITLE STD
NAME KANTER, H A
STREET ADDRESS 3550 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 4770 BISCAYNE BLVD #1150
2.4 CITY-ST-ZIP

TITLE V
NAME WILDERMUTH, R.E.
STREET ADDRESS 7759 MONTGOMERY ROAD, #3
CITY-ST-ZIP CINCINNATI OH

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS 9792 WINDISH RD.
3.4 CITY-ST-ZIP WEST CHESTER, OH 45069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: *R. E. Wildermuth* **REQUIRED** Vice Pres 4/1/99 513 779 7377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)