

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

0524745

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90154 012 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000001394**

1. Corporation Name  
**GALIC BROTHERS, INC.**



Principal Place of Business 250 EAST FIFTH STREET CINCINNATI OH 45202 US	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 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified <b>03/18/1994</b>	4. FEI Number <b>31-1391777</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<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 **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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FULLER, VICTOR L	
STREET ADDRESS	2699 SOUTH BAYSHORE DR STE 800E	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FULLER, STEPHEN M	
STREET ADDRESS	2699 SOUTH BAYSHORE DR ST 800E	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINTZ, ROBERT C	
STREET ADDRESS	1 EAST FOURTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MANEY, WILLIAM J	
STREET ADDRESS	250 EAST 5TH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MUETHING, MARK F	
STREET ADDRESS	250 EAST 5TH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TATE, JEFF S	
STREET ADDRESS	250 EAST 5TH STREET	
CITY-ST-ZIP	CINCINNATI OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LUBAN, KENNETH A.	
4.3 STREET ADDRESS	31 Ocean Reef Drive Ste C-300	
4.4 CITY-ST-ZIP	Key Largo FL 33037	
5.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MISCHELL, THOMAS E.	
5.3 STREET ADDRESS	One East Fourth Street - 8th Floor	
5.4 CITY-ST-ZIP	Cincinnati OH 45202	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	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 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: *Thomas E. Mischell* Thomas E. Mischell Assistant Treasurer 4/20/99 (513) 579-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)