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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9600006761 (8)

DIVERSIFIED FINANCIAL PRODUCTS INC.

Principal Place of Business	Mailing Address				
00 W. MARKET ST Duisville Ky 40202	400 W. MARKET ST Louisville Ky 40202				

FILED Jan 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

 Date Incorporated or Qualified 12/24/1996

2. Principal Place of Business				2a. Mailing Address				4. FEI Number			plied For			
21			26	26					61-1085329	No	Not Applicable			
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.					6. Certificate of Status Desired   \$8.75 Addition Fee Required					
City & Stat	le		1	City & State					6. Election Campaign Financing	\$5.00	May Be			
23				28					Trust Fund Contribution	Added t				
Zip		Country	1	Zip	Co	untry			8. This corporation owes or has paid the	current year Int	angible			
24	25 29 30					Personal Property Tax due June 30. Yes 🔀 No								
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent							
C T CORPORATION SYSTEM						81	Name				[			
1200 SOUTH PINE ISLAND ROAD						82 Street Address (P.O. Box Number is Not Acceptable)								
PLANTATION FL 33324														
						63								
						84 City 85 Zip Code								
						"	City		F	<b>=L</b>  85   Zip (	Code			
11. Pursuant														
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 agen-	and tille	Il applicable. (NO	TE: Rog ster	ed Ager	nt signature	beriuper	when re-nstating) DAT	£				
12.	10,	OFFICERS AND DIRECTORS 13.							ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12			
TITLE	VD			DELETE	1.1	IITLE		PD		Change	Addition			
NAME	LAMME	<del>rs, Jeffrey P</del>		,	1.2	NAME			No modernia					
STREET ADDRESS	400 W.	Market St			1.3	TREET.			liam R. Gernert		}			
CITY-ST-ZIP	LOUISVI	LLE KY 40202	KY 40202						W. Market Street					
TITLE	PD			DELETE	2.1	ITLE			isville KY 40202	Change	Addition C			
NAME	KESSEL	l, f <b>red</b> erick c		,	2.21	IAME		VD	ę.					
STREET ADDRESS						STREET			mas J', Hartlage					
CITY-ST-ZIP	LOUISVI	LLE KY 40202			2.4	CITY-S			W. Market Street					
TITLE	D			DELETE	3.1	TLE		Lou.	isville KY 40202	Change Change	X Addition			
NAME	ROBBIN	s, kris a		• •	3.2	AME	)	ŞD,	Michael Slaven					
STREET ADDRESS	400 W.	Market St			3.3	TREET			W. Market Street					
CITY-ST-ZIP	LOUISVI	LLE KY 40202			3.4.	CITY-S			isville KY 40202					
TITLE	V			DELETE	41			133U.	LOVILLE NI 4UZUZ	Change	Addition			
NAME		Y, CINDY L			4.2	NAME								
STREET ADDRESS		MARKET ST			4.3 9	TREET A	ADDRESS							
CITY-ST-ZIP	LOUISVI	LLE KY 40202			4.4 (	ITY-ST	- ZIP							
TITLE	V			DELETE	5.11	1) LE		TP		Change	<b>Addition</b>			
NAME		s, william h		•	5.21	IAME	ļ	_ Mi⇔	hele Coan					
STREET ADDRESS	400 W.	MARKET ST			5.3 5	TREET			W. Market Street					
CITY-ST-ZIP	LOUISVI	LLE KY 40202			5.4 (	CITY-ST	- ZiP	TOU	isville, KY 40202					
TITLE	V			☐ DELETE	6.1				LOVALACY NA 4ULUL	Change	Addition			
NAME	LUDKE,	DAVID			6.21	IAME								
STREET ADDRESS		MARKET ST					ADORESS							
CITY-ST-ZIP		LLE KY 40202				:::Y-S1								
	I		a thin f	itoo doon not suglifu				d in Se	action 119 07/9/ii) Florida Statutes I furtho	r cortify that the	information			

I nereby 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 chapted or on an attachment with an oddress.

CIONATURE.

1/11/197