

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

FILED

May 15 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 # F49038 (5)
1. Corporation Name
CORPOREX DEVELOPMENT SERVICES OF FLORIDA, INC.



Principal Place of Business P.O. BOX 75020 CINCINNATI OH 45275	Mailing Address P.O. BOX 75020 CINCINNATI OH 45275
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1981	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 61-0096534 61-0966534		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	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 BAUMEISTER, WILLIAM F 1075 GILLS DR STE 300 ORLANDO FL 38224		10. Name and Address of New Registered Agent	
81 Name	SAME		
82 Street Address (P.O. Box Number is Not Acceptable)	255 S. Orange Ave.		
83 Suite	1144		
84 City	Orlando FL	85 Zip Code	32801

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	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, WILLIAM P	1.2 NAME	Drew Smith
STREET ADDRESS	50 E RIVERCENTER BLVD	1.3 STREET ADDRESS	50 E. Rivercenter Blvd
CITY-ST-ZIP	COVINGTON KY	1.4 CITY-ST-ZIP	Covington, KY 41011
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUMEISTER, WILLIAM	2.2 NAME	Peter Sackmann
STREET ADDRESS	3710 CORPOREX PK DR #100	2.3 STREET ADDRESS	50 E. Rivercenter Blvd.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Covington, KY 41011
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKHAM, J W	3.2 NAME	Thomas E. Banta
STREET ADDRESS	50 E RIVERCENTER BLVD	3.3 STREET ADDRESS	50 E. Rivercenter Blvd.
CITY-ST-ZIP	COVINGTON KY	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSLEY, THOMAS E.	4.2 NAME	William F. Baumeister
STREET ADDRESS	50 E RIVERCENTER BLVD	4.3 STREET ADDRESS	255 S. Orange Ave., Suite 1144
CITY-ST-ZIP	COVINGTON KY	4.4 CITY-ST-ZIP	Orlando, FL 32801
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLOTT, ELVA A	5.2 NAME	
STREET ADDRESS	50 E RIVERCENTER BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON KY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLARE, JOHN E	6.2 NAME	
STREET ADDRESS	50 E RIVERCENTER BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON KY	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 in an attachment with an address.

SIGNATURE: _____

4-9-98 11/01/98-550

CR2E034 (10/97)