

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F92000000966 (3)**

1. Corporation Name
HL INCOME PROPERTIES, INC.



Principal Place of Business: **P.O. BOX 32760 LOUISVILLE KY 40232**
Mailing Address: **P.O. BOX 32760 LOUISVILLE KY 40232**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1992	3a. Date of Last Report 01/25/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 61-0981873	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature type: print name of registered agent and state if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, GERALD R	1.2 NAME	
STREET ADDRESS	HILLIARD LYONS CENTER, 501 S. FOURTH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40202	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STITES, WINTHROP A	2.2 NAME	
STREET ADDRESS	HILLIARD LYONS CENTER, 501 S. FOURTH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40202	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, JAMES C III	3.2 NAME	
STREET ADDRESS	HILLIARD LYONS CENTER, 501 S. FOURTH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40202	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, JEFFREY W	4.2 NAME	
STREET ADDRESS	HILLIARD LYONS CENTER, 501 S. FOURTH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40202	4.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAMPLIN, GILBERT L	5.2 NAME	
STREET ADDRESS	HILLIARD LYONS CENTER, 501 S. FOURTH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40202	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Wm ASB* **Vice President** 3/6/96 502-582-8613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)