FILED Apr 14, 1999 8:00 am Secretary of State

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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## OCHMENT# FOO

<ol> <li>Corporation</li> </ol>	NTERPRISES OF KENTUCKY							
Principal Place	of Business	Mailing Address				i immilam arum delam rurri darar metar dantu amusi	OEIDI EIIDI IIDEI	Ešiti ināt inni
12730 TOWNEPARK WAY 12730 TOWNEPARK WAY								
LOUISVILLE KY 40243 LOUISVILLE KY 40243					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	- OI AOL	
	·					11/15/1993		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Apı	plied For
21		26				61-1232028	No	t Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 <sub>-</sub> A	dditional
22		27		and the second s	-	5. Certificate or Status Desired	Fee Re	quired
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the current year Int		
24	25	29 30	<u> </u>			Personal Property Tax.	_ <u></u>	□No
	9. Name and Address of Current	Registered Agent	8	1 Name		10. Name and Address of New Registered	Agent	
CT C	CORPORATION SYSTEM		°	Name				
1200	•	8	82 Street Address (P.O. Box Number is Not Acceptable)					
		83						
rea	NTATION FL 33324		°	3				]
			8	4 City		FL	85 Zip C	ode
office or re agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligation of the state of registered agent.	of Flonda. Such change was auth- tions of, Section 607.0505, Florida	a Statute	v the corbor	ation	ration submits this statement for the purpose of is board of directors. I hereby accept the appointment of the purpose of the purpose of its post of the purpose of the pur	ntment as rec	jistered
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	RS IN 12
TITLE	CPS	☐ DELETE	1.1 TITLE		٧		☐ Change	X Addition
NAME	ROBINSON, PAUL G		1.2 NAME	E	P/	AUL W. ROBINSON		
STREET ADDRESS	ADDRESS 12730 TOWNEPARK WAY		1.3 STREET ADDRESS 1		12	230 TOWNEPARK WAY		-
CITY-ST-ZIP			1.4 CITY	1.4 CITY-ST-ZIP		DUISVILLE, KY		
TITLE		· DELETE	2.1 TITLE			-	☐ Change	Addition \
NAME			2.2 NAME	:				• 1
STREET ADDRESS	•		2.3 STRE	ET ADDRESS				.  .
CITY-ST-ZIP	<u> </u>	, <u> </u>	2. 4 CITY	-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	:			☐ Change	☐ Addition
NAME			3.2 NAME	<b>■</b>				}
STREET ADDRESS			3.3 STRE	ET ADDRESS				1
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		- Lyndy - Malu		
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAM					
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAMI					
STREET ADDRESS				ET ADDRESS				
CITY+ST+ZIP			5.4 CITY			·		Addition
TITLE		☐ DELETE	6.1 TITLE	:			Change	☐ wagings (

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 chapged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS

3 -25-99 582-245-7658 Date Daytime Phone #