FILE NOW: FILING FEE AFTER MAY 1 15 PROFIT. MENT OF STATE CORPORATION FILED ANNUAL REPORT relary of State .1997 DIVISION OF CORPORATIONS 98 JAN 12 AM 9: 08 DOCUMENT # F9400001302 (8) ECRETARY OF STATE LLAHASSEE, FLORIDA SANDERS VENTURES INC. OF KENTUCKY Principal Place of Business Mailing Address REINSTATEMENT 🐠 1/12 121 LAFAYETTE AVE. 121 LAFAYETTE AVE. **LEXINGTON KY 40502** LEXINGTON KY 40502-1703 3. Date Incorporated or Qualified 3a. Date of Last Report 04/04/1996 03/15/1994 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 8845 GOVERNORS HILL DR 61-1232870 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 240 Fee Required SUITE 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 CINCINNAT OHIO 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No Zip 29 45249 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SIMMONS, GAYLE 1925 DAVIS BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33942 83 84 City Zip Code 85 FI visuant 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 abligations of Section 607.0505, Florida Statutes. SIGNATURE od Agent signature required when reinstating) 12. OLEJEERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) COP DELETE Change Addition 1.1 TITLE SANDERS, W.N. NAME 1.2 NAME 000002398530---01/13/98--01075--012 8845 GOVERNORS HILL DR., STE. 240 STREET ADORESS 1.3 STREET ADDRESS CINCINNATI OH 45249 ★非常之间。 □ Change □ Addition CITY - AL - ZIP 1.4 CITY - ST - ZIP \*\*\*\*200.00 DELETE TITLE 2.1 TITLE SANDERS, DESHA N JR. NAME 2.2 NAME 000002398530--2 180 CHANNEL DR. STREET ADDRESS 2.3 STREET ADDRESS -01/13/98---01075---013 NAPLES FL 33963 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE NAME SMITH, MARY 3.2 NAME STREET ADDRESS 121 LAFAYETTE AVE. 3.3 STREET ADDRESS **LEXINGTON KY 40502** CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE JOHANN, RANDY NAME 4. 2 NAME 3947 BAINBRIDGE DR. STREET ADDRESS 4.3 STREET ADDRESS **CINCINNATI OH 45241** City-St-7iP 4.4 CITY - ST - ZIP DELETÉ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME

STREET ADDRESS

CITY-ST-ZIP

:F-CHHELLE)

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

14. I do 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 of 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. 0/1/97