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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # FOACOOOG457

Suite, Apt. #, etc. Suite, Apt. #, etc.
LOUISWILE KY 40203 US LOUISVILE KY 40203 US DO NOT WRITE IN THIS SPACE 1. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed O4/26/1994 4. FEI Number
US LOUISVILLE KY 40200 US 1. Date Incorporated or Qualifed O4/26/1994 2. Principal Place of Business 2. Mailing Address 4. FEI Number 65-0482978
3. Date Incorporated or Qualifed 04/26/1994 2. Principal Place of Business 2. Aprile 26 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. City & State 4. FEI Number 6. G5-0482978 5. Certificate of Status Desired Fee Require 7. Fee Require 8. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 1200 S. PINE ISLAND ROAD PLANTATION FL 40202 83 84 City FL 85 85 Zip Code 86 87 Street Address (P.O. Box Number is Not Acceptable) 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 agent. I am familiar with, and accept the obligations of, Section 607.0505; horida Statutes, the above-named corporation is board of directors. I hereby accept the appointment as registe agent. I am familiar with, and accept the obligations of, Section 607.0505; horida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ITILE 1. Change City Change Country Change C
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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 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 in an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE: