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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996	DIVISIO	DIVISION OF C		
DOCUMENT # 1. Corporation Name	F94000004778	(6)		

rincipal Place of Husiness 12730 TOWNEPARK WAY LOUISIYLLE KY 40243	Mailing Address						
12730 TOWNEPARK WAY				i namicala cirta parti minir mater mater	4 7 !	** 8181 194	
	12730 TOWNEPARK W	/AY					
	LOUISIVLLE KY 40243						
				3. Date Incorporated or Qualified		of Last Re	•
				09/15/1994 4. FEI Number	0	1/25/199	oplied For
. Principal Place of Business	2a. Mailing Address			61-1266388		—	lot Applicable
ļ	26 Suite, Apt. #, etc.						Additional
- Suite, Apt. #, etc. .t	27			5. Certificate of Status Desired		Fee F	Required
City & State	City & State			6. Election Campaign Financing			May Be
	28	. , <u>-</u>		Trust Fund Contribution			to Fees
Zip Country	Zip	Coun	try	8. This corporation has liability for intangible tax under s 199.0 Florida Statutes		199.032,	
25	29 ant Registered Agent	30		10. Name and Address of New R		Agent	
9. Name and Address of Curre	ent Registered Agent		31 Name				
O T CORROBATION SYSTEM		-	Ctroot Addre	ess (P.O. Box Number is Not Acceptab	ole)		
1200 SOUTH PINE ISLAND ROAD	Q QQIII QII III DI TITO		,				
PLANTATION FL 33324		Ī	B3				
PERMINION I C 00024		-	B4 City			85 Z ₁	o Code
11. Fursuant to the provisions of Sections 607.05 or registered agent, or both in the State of Fig. familiar with, and accept the objections of Sc.					FL		
0.3	per architect applicate AND DIRECTORS	VOTE Registered 13.	Agent signature requires	d when reinstating) ADDITHONS/CHANGES TO OFF			
TIRE PDST	DELETE	1 11	LE			Change	Addition
NAME ROBINSON, PAUL G		1.2 NA	ME				
STREET ADDRESS 12730 TOWNEPARK WAY			REFT ADDRESS				
CITY ST-ZIF LOUISVILLE KY	T DELETE	140H 2 H	Y-ST-ZIP			Change	Addition
THILE		2 2NA			•		_
NAME			REET ADDRESS				
STREET ADDRESS		2.404	Y-S1-ZIP			····	
CHY-ST ZIP	DELETE	3 1	TLE .			☐ Change	☐ Addition
NAM:		3.2%					
STREET ACORESS		1 1	HEFT ADDRESS				
City-St Zif	C DD FI	3 4 1	TLE			Change	Addition
THE	DELETE	42	3				_
NAME			REF1 ADDRESS				
S REFLADDRESS		4	Y ST. ZIP				
TIGHT ST-ZP	DELETE	5	LE			Change	Addition
NAME		5	ME				
STREET ADDRESS		5	REET ADDRESS				
	en estado		TY-ST-ZIP			☐ Change	☐ Addition
(ilix Si-70)	DETEIE	6	TLF			☐ change	L MOUNTON
THE SI-76			AME L				
TITLE NAME STELLE ATOREUS			REET ADDRESS				
THEF NAME	alect with this filing is voluntarily	furnished a	REFLADDRESS TY-ST-ZIP cloes not qualify the	for the exemption stated in Section 119	9.07(3)(k), F	lorida Statı	ites. I further

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #