

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001795 ✓
Corporation Name

DIAMOND HILL DRESSAGE, INC.

Principal Place of Business

1 WEST MARKET STREET
SUITE 1800
LOUISVILLE KY 40202

Mailing Address

400 WEST MARKET STREET
SUITE 1800
LOUISVILLE KY 40202

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90008 017 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1630 Todds Point Rd		2a. Mailing Address P.O. Box 20364		3. Date Incorporated or Qualified 04/12/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 61-1277422	
City & State Simpsonville, KY		City & State Louisville, KY		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 40067		Zip 40250		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <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
85	Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ET ADDRESS	PSD HOFFMAN, STEPHEN A 492 MARINER DR JUPITER FL	1.1 TITLE	P/S/D
ST-ZIP		1.2 NAME	Peggy L. Randolph
	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	2408 Greten Lane
		1.4 CITY-ST-ZIP	Anchorage, KY
ET ADDRESS	D SWEET, RICHARD A 2403 GRETEN LANE ANCHORAGE KY	2.1 TITLE	
ST-ZIP		2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
ET ADDRESS		3.1 TITLE	
ST-ZIP		3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
ET ADDRESS		4.1 TITLE	
ST-ZIP		4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
ET ADDRESS		5.1 TITLE	
ST-ZIP		5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
ET ADDRESS		6.1 TITLE	
ST-ZIP		6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: Peggy L. Randolph
9/1/99 502-244-9383

CR2E034 (5/99)