

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. McRitham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F95000003677 (0)

CFRH, INC.

Principal Place of Business: 800 W. JEFFERSON STREET, 4TH FLOOR LOUISVILLE KY 40202  
 Mailing Address: 800 W. JEFFERSON STREET, 4TH FLOOR LOUISVILLE KY 40202

FILED

96 AUG 15 AM 9:28

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified 07/31/1995	3a. Date of Last Report
4. FEI Number 61-1208939	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

9. Name and Address of Current Registered Agent  
 SOBERING, GRAY & WHITE, P.A.  
 201 S. ORANGE AVENUE, SUITE 780  
 ORLANDO FL 32801

10. Name and Address of New Registered Agent

01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03. City

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC HARPELD, MICHAEL N 800 WEST JEFFERSON STREET LOUISVILLE KY 40202	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V TYRRELL TYRRELL, WILLIAM T 800 WEST JEFFERSON STREET LOUISVILLE KY 40202	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S ZISKIND, MARTHA 800 WEST JEFFERSON STREET LOUISVILLE KY 40202	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V PENDERGRASS, JOHN 800 WEST JEFFERSON STREET LOUISVILLE KY 40202	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V MILES, WILLIAM C 800 WEST JEFFERSON STREET LOUISVILLE KY 40202	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V CHILES, ROBERT L 800 WEST JEFFERSON STREET LOUISVILLE KY 40202	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: Martha Andes Ziskind (Martha Andes Ziskind) 6/12/96 502/591-2444  
 SECRETARY OF STATE OR REGISTERED AGENT (Name of Secretary of State or Director)

CR2E034 (3/96)