

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F-95000003677 (0)
1. Corporation Name

CFRH, INC.

Principal Place of Business

Mailing Address

500 W. Jefferson St., 4th Flr.
Louisville, KY 40202

500 W. Jefferson St., 9th Flr
Louisville, KY 40202-2823

3. Date Incorporated or Qualified 07/31/1995	3a. Date of Last Report 08/15/1996
4. FEI Number 61-1209939	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	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Sobering, Gray & White, P.A.
201 S. Orange Ave., Suite 760
Orlando, FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PC	<input type="checkbox"/> DELETE
NAME	Harrell, Michael N.	
STREET ADDRESS	500 W. Jefferson St.	
CITY-STATE-ZIP	Louisville, Ky 40202	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Tyrrell, William T.	
STREET ADDRESS	500 W. Jefferson St.	
CITY-STATE-ZIP	Louisville, Ky 40202	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Ziskind, Martha	
STREET ADDRESS	500 W. Jefferson St.	
CITY-STATE-ZIP	Louisville, Ky 40202	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Rindergrass, John	
STREET ADDRESS	500 W. Jefferson St.	
CITY-STATE-ZIP	Louisville, Ky 40202	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Miles, William C.	
STREET ADDRESS	500 W. Jefferson St.	
CITY-STATE-ZIP	Louisville, Ky 40202	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Chiles, Robert L.	
STREET ADDRESS	500 W. Jefferson St.	
CITY-STATE-ZIP	Louisville, Ky 40202	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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***165.00

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 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: *Martha Andes Ziskind* MARTHA ANDES ZISKIND 4/30/97 (502) 581-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #

CR2E034 (9/96)