

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

FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F96000005387 (3)

1. Corporation Name

STUDIO PLUS PROPERTIES, INC.

Principal Place of Business

1999 RICHMOND RD., STE 4  
LEXINGTON KY 40502

Mailing Address

1999 RICHMOND RD., STE 4  
LEXINGTON KY 40502

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1996

2. Principal Place of Business

2a. Mailing Address

21 450 E. LAS OLAS BLVD

26 450 E. LAS OLAS BLVD

4. FEI Number

61-1274417

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State

28 City & State

FL - LAUDERDALE, FL

FL - LAUDERDALE, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

33301

33301

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	COWGILL JR, NORWOOD	2840 PARIS PIKE	LEXINGTON KY	<input checked="" type="checkbox"/>
SD	ANDERSON III, WILLIAM E	2579 EDGEHILL DRIVE	LEXINGTON KY	<input checked="" type="checkbox"/>
T	BAUGHMAN JR, JAMES C	320 CULPEPPER	LEXINGTON KY	<input checked="" type="checkbox"/>
VP	SCHNECK, CREIGHTON R.	7713 CARLTON PLACE	MCLEAN VA	<input checked="" type="checkbox"/>
V	TETTERTON, MICHAEL L	4756 SCENIC VIEW	LEXINGTON KY	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
CD	JOHNSON, GEORGE D	450 E. LAS OLAS BLVD, STE 1100	FORT LAUDERDALE, FL 33301	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STD	ROBERT A. BRANNON	450 E. LAS OLAS BLVD, STE 1100	FORT LAUDERDALE, FL 33301	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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: Robert A. Brannon

TREASURER: MAR 07 1998 954-713-1607

CR2E034 (10/97)