## 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 #** F9700000081

APERTURE CREDENTIALING, INC.

## FILED Sep 16, 1999 8:00 am Secretary of State

09-16-1999 90014 003 \*\*\*550.00



Principal Place of Business Mailing Address						
301 N HURSTBOURNE PKWY #200 301 N HURSTBOURNE F LOUISVILLE KY 40222 LOUISVILLE KY 40222			KWY #200	NY #200		
US	· Type	US				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 01/06/1997
Principal Place of Business     2a, Mailing Address						4. FEI Number Applied For
<u> </u>			Address			61-1314126 Not Applicable
21     26						\$8.75 Additional
22 Suite, Apr.	#, etc.	27				5. Certificate of Status Desired Fee Required
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution
Zip	Country	— — — — — — — — — — — — — — — — — — —		ntry		8. This corporation owes the current year
24	25	29	30			Intangible Personal Property. Yes No
	9. Name and Address of Current	Registered Agent		na ?	41-	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM				81	Name	
1200 SOUTH PINE ISLAND ROAD				82	Street A	ddress (P.O. Box Number is Not Acceptable)
	NTATION FL 33324			83		
				84	City	FL 85 Zip Code
<u></u>		LOOP FOR SINGLE CANA	455			·
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  Stonature, board or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
digitation, riped of period and account of the control of the cont				red Agi	ent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	APA		1.1 717	n F	—T	Change Addition
TITLE	A CONTRACTOR OF THE PARTY A		1.2 NA		ľ	Cilenge C. Addition
NAME	ANA ALLUDOTROLIDAE DIVINA #000				DADEGO	
STREET ADDRESS	LOUBOURLE KV 40000			ree i A FY-ST-2	ODRESS	
CITY-ST-ZIP			2.1 TIT			VCOO Change X Addition
TITLE '				2211115		Ton Nordah
NAME	AND A SHIPPOTE OURSE DIVISION AND					301 N. Horstbourne PKW4 Ste 200
STREET ADDRESS	· ·				DD11.200	
CiTY-ST-ZIP			2.4 CIT	TY-ST-Z	ZIP	CFO Change Addition
TITLE	Z bellete				_	T. O
NAME	AND A STREET OF THE PROPERTY O			3.2 NAME \\T\; 3.3 STREET ADDRESS \\ 30		301 N. HUISTDOURNE PKWY Stc 200
STREET ADDRESS						
CITY-ST-ZIP	LOUISVILLE KY 40222			TY-ST-Z	ZIP	Lavisville, Ky
TITLE			4.1 TIT			Change Addition
NAME			4,2 NA			
STREET ADDRESS					IDDRESS	
CITY-ST-ZIP				TY-ST-Z	ZIP	
TITLE		☐ DELETÉ	5.1 TITLE			Change Addition
NAME			5.2 NA			
STREET ADDRESS					DDRESS	
CITY-ST-ZIP			_	TY-ST-Z	ZIP	
TITLE				6.1 TITLE		Change Addition
NAME		`	6.2 NA			
STREET ADDRESS			1		DDRESS	
CITY-ST-ZIP			6.4 CD	TY-ST-Z	ZIP	

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:

9/14/99