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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F97000002223 (2) DOCUMENT #

FILED Jan 26 1998 8:00am Secretary of State

1	VIATICAL, INC.								
	_ 								40 (80
•	e of Business	Mailing Address							
1065 NEWTO LEXINGTON F		1065 NEWTOWN PIKE LEXINGTON KY 50611							
EDMOON NI SOOT						DO NOT WRITE IN	THIS SPAC	Ε	
						3. Date Incorporated or Qualified		-	
						04/28/1997			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	T	Ap	plied For
21		26				61-1230863		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27				or Gerandate of Status Desired		Fee Re	· -
City & Stat	e	City & State			i	6. Election Campaign Financing	\$	5.00	May Be
23		28		intry		Trust Fund Contribution		\dded t	
Zip 24	Country 25	Zip	30	muy	ļ	8. This corporation owes or has paid	`		angible Tika
24	9. Name and Address of Currer	29 29 Agent	30	 -		Personal Property Tax due June 30 10. Name and Address of New Regis			1140
INS	SURANCE COMMISSIONER			81 Name	 !			· · ·	ा के बार के विकास के कर है।
	PITOL								
	LLAHASSEE FL 32399-0300			82 Street	Addres	s (P.O. Box Number is Not Acceptable)		
				83			·		===========
				<u> </u>					
				84 City			FL 85	Zip C	code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statut	es, the al	bove-name	d corpor	ation submits this statement for the pur		aina its	s recistored
office or r	egistered agent, or both, in the State	of Florida, Such change was a	authorize	d by the co	rporatio	ation submits this statement for the pur n's board of directors. I hereby accept t	he appointm	ent as	registered
	an lantina was, and accept the cong.	ALL COCO. 100 HOUSE , ID ELICITE	Jilua Jiai	wies.			•		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E. Registered	d Agent signatur	e required	when reinstating)	DATE	TACK TAT	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICER			3 N 12
TITLE	PD	☐ DELETE	1.1 11	TLE	T		XX ⁰	hange	Addition 3
NAME	KELLER, STEPHEN L		1.2 N/	AME	DF	RACH, STERLING K.			1
STREET ADDRESS	1065 NEWTOWN PIKE		1.3 ST	TREET ADDRESS	10	65 NEWTOWN PIKE			· · · · ·
CITY-ST-ZIP	LEXINGTON KY 40511		1.4 CI	TY-ST-ZIP	1 TT		-		16
TITLE	SD COMPENS OF THE COMPENS OF				<u> </u>	EXINGTON, KY 40511			
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	SUTHERLIN, ROBERT G	☐ DELETE	2.1 TIT 2.2 N/	TLE	1.5	EXINGTON, KY 40511		hange	Addition
STREET ADDRESS	1065 NEWTOWN PIKE	☐ DELETE	2.2 N/	TLE	<u>LE</u>	EXINGTON, KY 40511		hange	Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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:

1-15-98

(606) 225-1015