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

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000002223**

1. Corporation Name
KELCO VIATICAL, INC.

Principal Place of Business	Mailing Address
269 W. MAIN LEXINGTON KY 40507	269 W. MAIN LEXINGTON KY 40507

DO NOT WRITE IN THIS SPACE

3. Date Incorporated Or Qualified
04/28/1997

4. FEI Number
61-1230863
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [✓] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

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 by applicable law) (DATE)

12. OFFICERS AND DIRECTORS		
TITLE	T	[ ] DELETE
NAME	DRACH, STERLING K	
STREET ADDRESS	1065 NEWTOWN PIKE	
CITY-ST-ZIP	LEXINGTON KY 40511	
TITLE	SD	[ ] DELETE
NAME	SUTHERLIN, ROBERT G	
STREET ADDRESS	1065 NEWTOWN PIKE	
CITY-ST-ZIP	LEXINGTON KY 40511	
TITLE	T	[X] DELETE
NAME	STERLING, KEITH D	
STREET ADDRESS	1065 NEWTOWN PIKE	
CITY-ST-ZIP	LEXINGTON KY 50611	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	Treasurer	[X] Change [ ] Add/Del
12 NAME	Drach, Sterling K.	
13 STREET ADDRESS	269 West Main Street	
14 CITY-ST-ZIP	Lexington, Kentucky 40507	
21 TITLE	SD	[X] Change [ ] Add/Del
22 NAME	Sutherlin, Robert G.	
23 STREET ADDRESS	269 West Main Street	
24 CITY-ST-ZIP	Lexington, Kentucky 40507	
31 TITLE	President	[ ] Change [X] Add/Del
32 NAME	Stephen L. Keller	
33 STREET ADDRESS	269 West Main Street	
34 CITY-ST-ZIP	Lexington, Kentucky 40507	
41 TITLE		[ ] Change [ ] Add/Del
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Add/Del
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Add/Del
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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)(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, with all other like empowered.

SIGNATURE: Stephen Keller, President 2/22/99 (606)225-1015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone