

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

**FILED**  
**Mar 04 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000005457 (3)**

1. Corporation Name

**MID-AMERICA GIFT CERTIFICATE COMPANY**

Principal Place of Business

**500 W. BROADWAY  
LOUISVILLE KY 40202**

Mailing Address

**500 W. BROADWAY  
LOUISVILLE KY 40202**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/17/1997**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		31-1556662		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent

**CORPAMERICA, INC.  
1525 S. ANDREWS AVE, SUITE 216  
FT LAUDERDALE FL 33316**

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	T/D
NAME	LAMAR, DONALD R	1.2 NAME	STOKE, SHEILA
STREET ADDRESS	500 W. BROADWAY	1.3 STREET ADDRESS	500 W. BROADWAY
CITY-ST-ZIP	LOUISVILLE KY 40202	1.4 CITY-ST-ZIP	LOUISVILLE KY 40202
TITLE	D	2.1 TITLE	S
NAME	OLIVER, ORSON	2.2 NAME	RIPPY, JOHN T.
STREET ADDRESS	500 W. BROADWAY	2.3 STREET ADDRESS	500 W. BROADWAY
CITY-ST-ZIP	LOUISVILLE KY 40202	2.4 CITY-ST-ZIP	LOUISVILLE KY 40202
TITLE	D	3.1 TITLE	ASSISTANT TREASURER
NAME	STOKE, SHEILA	3.2 NAME	DOHRMAN, MARK
STREET ADDRESS	500 W. BROADWAY	3.3 STREET ADDRESS	500 W. BROADWAY
CITY-ST-ZIP	LOUISVILLE KY 40202	3.4 CITY-ST-ZIP	LOUISVILLE KY 40202
TITLE	V	4.1 TITLE	
NAME	NELLIGAN, MICHAEL	4.2 NAME	
STREET ADDRESS	500 W. BROADWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40202	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	SACHS, ROBERT H	5.2 NAME	
STREET ADDRESS	500 W. BROADWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40202	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	SMALL, STEVEN A	6.2 NAME	
STREET ADDRESS	500 W. BROADWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40202	6.4 CITY-ST-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:  John T. Rippy

2/23/98

(502)562-7975

CFR2034 (1097)