## 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

F97000006175 (0) DOCUMENT # 1. Corporation Name

**READY ACQUISITION CORP.** 

## **FILED** May 12 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address					
1839 PLANTSIDE DR. 1839 PLANTS							
LOUISVILLE KY	f <b>40299</b>	LOUISVILLE KY 40299				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						11/21/1997	
9 Principal Pir	2a. Mailing Address				4. FEI Number Applied For		
			Ctati	on	. Doo		
21 9700 Ormsby Station Road 26 9700 Ormsby Suite, Apt. #, etc.			Stati	Station Road		CR 75 Additional	
<del> </del>						5. Certificate of Status Desired Fee Required	
22   Suite 210   27   Suite 210   City & State						Election Campaign Financing \$5.00 May Be	
- T					Trust Fund Contribution Added to Fees		
	Zip Country 28 Louisville, KY			Country B. This corporation owes or has paid the current year Intangible			
40223	Jefferson	40223	30 Jefferson				
	9. Name and Address of Current		1			10. Name and Address of New Registered Agent	
CT	CORPORATION SYSTEM			B1	Name		
	SOUTH PINE ISLAND ROAD			02	Ctroot /	Address (B.O. Pay Number is Not Assentable)	
	NTATION FL 33324		ļ	82 Street Address (P.O. Box Number is Not Acceptab		Address (F.O. box Number is Not Acceptable)	
I ENTINION I E GOOLF			ļ-	63			
			į_				
			•	B4	City	FL 85 Zip Code	
44 Director to the provisions of Sections 607 05/19 and 607 15/09 Elegida Statutes, the above named cornoration 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.							
agent. Lam temiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Stoneture, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating)  DATE							
12. OF LICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	DÉLETE	1.1 (1)	LE		Change Addition	
NAME	STINSON, S. MICHAEL		1.2 NAME				
	STREET ADDRESS 1839 PLANTSIDE DR.		1.3 STREET ADDRESS		DORESS	9700 Ormsby Station Road, Suite 210	
CITY-ST-ZIP	LOUISVILLE KY 40299					Louisville, KY 40223	
TITLE	CS DELETE		2.1 TITLE			Change Addition	
NAME	CAMPBELL, JAMES G		2.2 NA1	ME	- 1		
STREET ADDRESS	1839 PLANTSIDE DR.		2.3 STA	2.3 STREET ADDRE		9700 Ormsby Station Road, Suite 210	
CITY-ST-ZIP	LOUISVILLE KY 40299		2 4 Ci			Louisville, KY 40223	
TITLE	DELETE			3.1 TiTLE		Change Addition	
NAME			3.2 NA	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP			3.4. C(1 Y - ST - ZIP				
TITLE	DELETE		_	4.1 TITLE		Change Addition	
NAME			4. 2 NA	4. 2 NAME			
STREET ADDRESS			4.3 ST	REET A	ADDRESS		
	CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	DELEVE			5.1 TITLE		Change Addition	
NAME	ME		5.2 NAME				
STREET ADDRESS			5.3 \$18	REET A	ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		- 1		
TITLE	DELETE			61 TITLE		Change Addition	
NAME		_	6 2 NA				
STREET ADDRESS					ADDRESS		
CITY-ST-ZiP			6.4 CIT				
14 I harabi o	ertify that the information supplied with	this filing does not qualify f	or the eye	mnti	on state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
I hadicated on this approximation out or employmental control is true and accurate and that my signature shall have the same legal effect as it made under path; that I am an							
officer or director of the corporation or the receiver or trustice 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 appears with an address.							