


FILE NOW: FILING FEE / TER MAY 1 IS \$550.00

FILED

Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J67627 (6) 1. Corporation Name 1991, INC.			
Principal Place of Business P.O. BOX 701326 ST. CLOUD FL 34770		Mailing Address 441 IOWA STREET ASHLAND KY 41102-3312 US	
2. Principal Place of Business 21 N/A Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 N/A Suite, Apt. #, etc. 27 City & State 28 Zip 29	
3. Date Incorporated or Qualified 04/14/1987		3a. Date of Last Report 02/26/1997	
4. FEI Number 59-2800982		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent GRIFFITHS, JANET R. 5575 ALLIGATOR LAKE ROAD ST. CLOUD FL 34770			
11. Pursuant to Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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14. I do 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:

3/14/98