

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 MAY 12 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P29155 (9)

1. Corporation Name  
CORPOREX DEVELOPMENT SERVICES, INC.

Principal Place of Business  
P.O. BOX 75020  
CINCINNATI OH 45275

Mailing Address  
P.O. BOX 75020  
CINCINNATI OH 45275-0020



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/01/1990	3a. Date of Last Report 04/30/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 61-1070568		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BAUMEISTER, WILLIAM F  
1075 GILLS DR  
STE 300  
ORLANDO FL 38224

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	PTD BUTLER, WILLIAM P. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 E RIVERCENTER BLVD	1.2 NAME	
STREET ADDRESS	COVINGTON KY	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V BLACKHAM, J. WILLIAM III <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 E RIVERCENTER BLVD	2.2 NAME	000002178520--9
STREET ADDRESS	COVINGTON KY	2.3 STREET ADDRESS	-05/14/97--01097--012
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	VS HENSLEY, THOMAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 E. RIVERCENTER BLVD	3.2 NAME	
STREET ADDRESS	COVINGTON KY	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	AS MALOTT, ELVA A <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 E RIVERCENTER BLVD	4.2 NAME	
STREET ADDRESS	COVINGTON KY	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D KLARE, JOHN E. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 E RIVERCENTER BLVD	5.2 NAME	
STREET ADDRESS	COVINGTON KY	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V BANTA, THOMAS E <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 E RIVERCENTER BLVD	6.2 NAME	
STREET ADDRESS	COVINGTON KY	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)