

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


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97 MAY 12 AM 11:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT 1997



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

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

3. Date Incorporated or Qualified: **05/01/1990**
3a. Date of Last Report: **04/30/1996**
4. FEI Number: **61-1070568**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-30) fields for Suite, City, State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, State (FL), and 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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PTD BUTLER, WILLIAM P. <input type="checkbox"/> DELETE
NAME	50 E RIVERCENTER BLVD COVINGTON KY
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V BLACKHAM, J. WILLIAM III <input type="checkbox"/> DELETE
NAME	50 E RIVERCENTER BLVD COVINGTON KY
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VS HENSLEY, THOMAS <input type="checkbox"/> DELETE
NAME	50 E. RIVERCENTER BLVD COVINGTON KY
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	AS MALOTT, ELVA A <input type="checkbox"/> DELETE
NAME	50 E RIVERCENTER BLVD COVINGTON KY
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D KLARE, JOHN E. <input type="checkbox"/> DELETE
NAME	50 E RIVERCENTER BLVD COVINGTON KY
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V BANTA, THOMAS E <input type="checkbox"/> DELETE
NAME	50 E RIVERCENTER BLVD COVINGTON KY
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	000002178520--9
2.3 STREET ADDRESS	-05/14/97--01097--012
2.4 CITY-ST-ZIP	***165.00 ***165.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(l), 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]* DATE: **5/7/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)