

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

FILED

**Apr 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P35855 (6)

1. Corporation Name
STRATEGIA CORPORATION



Principal Place of Business POST OFFICE BOX 37144 -10301 LINN STATION RD.- LOUISVILLE-KY 40233-7144	Mailing Address POST OFFICE BOX 37144 10301 LINN STATION RD. -LOUISVILLE KY-40233-7144 Suite 400 6040 Dutchmans Lane Louisville, KY 40205-3271
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/10/1991

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

4. FEI Number 61-1064606	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRENZEL, JOHN A	
STREET ADDRESS	10301 LINN STATION RD.	
CITY-ST-ZIP	LOUISVILLE KY 40223	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITH, RICHARD W	
STREET ADDRESS	10301 LINN STATION RD.	
CITY-ST-ZIP	LOUISVILLE KY 40223	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BUREN, JAMES P	
STREET ADDRESS	10301 LINN STATION RD.	
CITY-ST-ZIP	LOUISVILLE KY 40223	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SNYDER, JOHN P	
STREET ADDRESS	9707 SHELBYVILLE RD.	
CITY-ST-ZIP	LOUISVILLE KY 40223	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Two Paragon Centre, Suite 400
1.4 CITY-ST-ZIP	6040 Dutchmans Lane Louisville, KY 40205-3271
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Two Paragon Centre Suite 400
2.4 CITY-ST-ZIP	6040 Dutchmans Lane Louisville, KY 40205-3271
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Two Paragon Centre, Suite 400
3.4 CITY-ST-ZIP	6040 Dutchmans Lane, Suite 400 Louisville, KY 40205-3271
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 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: *Richard W. Smith* Richard W. Smith 04/02/98 502-426-3434

CR2E034 (10/97)