


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

FILED
Jan 29 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 # **P38138** (4)
1. Corporation Name
GOLD MEDAL-ORLANDO, INC.



Principal Place of Business 8001 DALTON AVENUE CINCINNATI OH 45244	Mailing Address 2001 DALTON AVENUE CINCINNATI OH 45244
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10700 Medallion Dr. Suite, Apt. #, etc.		2a. Mailing Address 26 10700 Medallion Dr. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/31/1992	
22 City & State 23 Cincinnati, OH 24 Zip 45241 25 Country USA		27 City & State 28 Cincinnati, OH 29 Zip 45241 30 Country USA		4. FEI Number 59-2082339 Applied For 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	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No				8. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent KRIVAN, JUSTIN 7000A VENTURE CIRCLE ORLANDO FL 32807				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	
TITLE	CP <input type="checkbox"/> DELETE
NAME	EVANS, DAVID A
STREET ADDRESS	8001 DALTON AVENUE 10700 Medallion Dr
CITY-ST-ZIP	CINCINNATI OH Cincinnati, OH 45241
TITLE	VLT <input type="checkbox"/> DELETE
NAME	EVANS, J.C. S
STREET ADDRESS	8001 DALTON AVENUE 10700 Medallion Dr
CITY-ST-ZIP	CINCINNATI OH Cincinnati, OH 45241
TITLE	DV <input type="checkbox"/> DELETE
NAME	GEBHART, CHRIS W
STREET ADDRESS	8001 DALTON AVENUE 10700 Medallion Dr
CITY-ST-ZIP	CINCINNATI OH Cincinnati, OH 45241
TITLE	DS <input type="checkbox"/> DELETE
NAME	EVANS, NANCY J
STREET ADDRESS	8001 DALTON AVENUE 10700 Medallion Dr
CITY-ST-ZIP	CINCINNATI OH Cincinnati, OH 45241
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 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	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: *C. W. Gebhart* *VP* 1/27/98 (513) 769-7676

CR2E034 (10/97)