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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P38916 (3)

1. Corporation Name
KENTUCKIANA COMFORT CENTER, INC.

Principal Place of Business
1812 CARGO COURT
LOUISVILLE KY 40299

Mailing Address
1812 CARGO COURT
LOUISVILLE KY 40299-1912



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/21/1992	3a. Date of Last Report 07/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 61-0915072	Applied For <input type="checkbox"/> 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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FIORINI, DANTE' SUITE 310, BISCAYNE BLDG. 19 WEST FLAGLER ST., MIAMI FL 33130		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 Dante Fiorini (NOTE: Registered Agent's signature required when reinstating) DATE 1-6-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTNER, KERMIT T.	1.2 NAME	
STREET ADDRESS	2501 STOVER DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW ALBANY IN	1.4 CITY - ST - ZIP	
TITLE	PT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORINI, ALBERT E.	2.2 NAME	
STREET ADDRESS	4318 GLENVIEW AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	GLENVIEW KY	2.4 CITY - ST - ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORINI, JUDITH L.	3.2 NAME	
STREET ADDRESS	4318 GLENVIEW AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	GLENVIEW KY	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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: Kermit T. Cotner Vice President 1-6-97 502-491-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)