

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000002511 (2)

1. Corporation Name

CPX-WESTSHORE CORPORATION



Principal Place of Business

Mailing Address

P.O. BOX 75020
CINCINNATI OH 45275

P.O. BOX 75020
CINCINNATI OH 45275

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUMEISTER, WILLIAM F
1075 GILLS DRIVE
SUITE 300
ORLANDO FL 32824

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 restoring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	BUTLER, WILLIAM P	
STREET ADDRESS	50 E. RIVER CENTER BLVD	
CITY-ST-ZIP	COVINGTON KY 41011	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLARE, JOHN E	
STREET ADDRESS	50 E. RIVERCENTER BLVD, #1200	
CITY-ST-ZIP	COVINGTON KY 41011	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLACKHAM, J. WILLIAM III	
STREET ADDRESS	50 E. RIVERCENTER BLVD., #1200	
CITY-ST-ZIP	COVINGTON KY 41011	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	KRZYMINSKI, RICHARD W	
STREET ADDRESS	50 E. RIVERCENTER BLVD., #1200	
CITY-ST-ZIP	COVINGTON KY 41011	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BANTA, THOMAS E	
STREET ADDRESS	50 E. RIVERCENTER BLVD., #1200	
CITY-ST-ZIP	COVINGTON KY 41011	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
4.2 NAME	VS Hensley, Thomas E.
4.3 STREET ADDRESS	50 E. Rivercenter Blvd. #1200
4.4 CITY-ST-ZIP	Covington Ky
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 checked="" type="checkbox"/> Addition
6.2 NAME	ASS Malott, Elva A
6.3 STREET ADDRESS	50 E. Rivercenter Blvd #1200
6.4 CITY-ST-ZIP	Covington Ky

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Thomas Hensley Thomas Hensley vice president 4/28/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)