

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 45275-0020

FILED

97 MAY 12 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified 01/11/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3162758	Applied For Not Applicable
6. 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, WILLIAM P	1.2 NAME	
STREET ADDRESS	50 E. RIVER CENTER BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	COVINGTON KY 41011	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLARE, JOHN E	2.2 NAME	
STREET ADDRESS	50 E. RIVERCENTER BLVD, #1200	2.3 STREET ADDRESS	
CITY - ST - ZIP	COVINGTON KY 41011	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKHAM, J. WILLIAM III	3.2 NAME	
STREET ADDRESS	50 E. RIVERCENTER BLVD., #1200	3.3 STREET ADDRESS	
CITY - ST - ZIP	COVINGTON KY 41011	3.4 CITY - ST - ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSLEY, THOMAS E.	4.2 NAME	
STREET ADDRESS	50 E. RIVERCENTER BLVD., #1200	4.3 STREET ADDRESS	
CITY - ST - ZIP	COVINGTON KY	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANTA, THOMAS E	5.2 NAME	
STREET ADDRESS	50 E. RIVERCENTER BLVD., #1200	5.3 STREET ADDRESS	
CITY - ST - ZIP	COVINGTON KY 41011	5.4 CITY - ST - ZIP	
TITLE	ASS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALOTT, ELVA A.	6.2 NAME	
STREET ADDRESS	50 E. RIVER CENTER BLVD #1200	6.3 STREET ADDRESS	
CITY - ST - ZIP	COVINGTON KY	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)