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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000014641 (1)

PALLE	RSON/PHIPPS CURP.					
Principal Place of Business Mailing Address		Mailing Address				i
1 '		2101 CORPORATE BLV	ח			
2101 CORPORATE BLVD. 2101 CORPORATE BLVD. 300			U.			
BOCA RATON FL 33431 BOCA RATON FL 3343		1		DO NOT WRITE IN THIS SPACE		
US		U\$			3. Date Incorporated or Qualified	
		-			02/21/1995	
2. Principal Place of Business		2a, Mailing Address			4. FEI Number Applied Fo	
21		26			65-0569538 Not Applic	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-		5. Certificate of Status Desired Fee Regulred	ıl
22 27		City & State				
23		}- ¬ ′			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	28	Coun	Irv		
24	25	29	30	• ,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
=-	p. Name and Address of Curre		1301		10. Name and Address of New Registered Agent	
CT	CORPORATION SYSTEM			1 Name		
1200 S PINE ISLAND ROAD						
PLANTATION FL 33324			1	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
, ,,	-111A11011 1 L 33324		[6	3		
			ļ_			
			. 8	4 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida State	utes, the abo	ve-named co		red
office or r	egistered agent, or both, in the State m familiar with, and accept the oblic	e of Florida. Such change was	authorized	by the corpor	propration submits this statement for the purpose of changing its register ration's board of directors. I hereby accept the appointment as registers)d
	m laminar with, and accept the oblig	gations of, Section 607,0505, r	TOTIDA Statu	E8.		
SIGNATURE	Signature, lyped or printed name of registered ag	pent and title if applicable. (No	OTE: Registered /	gent signature reg	quired when reinstating) DATE	-
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	DELETE	1.1 T(TL)		☐ Change ☐ Add	ition
NAME	PATTERSON, JAMES A		1.2 NAM	E [
STREET ADDRESS 301 YAMATO ROAD SUITE 2110		2110	1.3 STRI	ET ADDRESS		ł
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY	-ST-ZIP		- (
TITLE	VPS	DELETE	2.1 TITL		Change Add	ition
NAME	ELAM, CHARLOTTE		2.2 NAM	E		
STREET ADDRESS	10000 SHELBYVILLE, SUITE	100	2.3 STR	ET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40223		2.4 CIT	'-ST-ZIP		
TITLE	AS	☐ DELETE	3.1 1(1)		Change Add	ition
NAME	FLEISHMAN, MICHAEL M		3.2 NAM	E		
STREET ADDRESS 3300 NATIONAL CITY TOWER, 101 S. 5TH STR.			3.3 STR	ET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40202		3.4. C(T)	'-ST-ZIP		
TITLE		DELETE	4.1 TITLE	:	Change Add	ition
NAME			4. 2 NAN	16	·	- 1
STREET ADDRESS			4.3 STRE	et address		
CITY-\$T-ZIP			4.4 CITY	-ST-ZIP		
TITLE		DELETE	5.1 TITU	.	☐ Change ☐ Add	ition
NAME			5.2 NAM	E [ĺ
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		☐ DELETE	6.1 TITLE		Change Add	ition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			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 not 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 entpowered 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 attact them with an address.

FILED

Mar 20 1998 8:00am

Secretary of State