

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/21/1992	3a. Date of Last Report 10/03/1995
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 61-0915072	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
		30	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
				85	Zip Code
					FL

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 N. Fiorini* (6/19/96)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	<input type="checkbox"/> DELETE	11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTNER, KERMIT T.		12 NAME		
STREET ADDRESS	2501 STOVER DR.		13 STREET ADDRESS		
CITY-ST-ZIP	NEW ALBANY IN		14 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PT	<input type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORINI, ALBERT E.		22 NAME		
STREET ADDRESS	4318 GLENVIEW AVE.		23 STREET ADDRESS		
CITY-ST-ZIP	GLENVIEW KY		24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VS	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORINI, JUDITH L.		32 NAME		
STREET ADDRESS	4318 GLENVIEW AVE.		33 STREET ADDRESS		
CITY-ST-ZIP	GLENVIEW KY		34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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 Pres. 6/19/96 502-491-9880
KERMIT T. COTNER

CR2E034 (3/96)