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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38916

1. Corporation Name
KENTUCKIANA COMFORT CENTER, INC.

Principal Place of Business

1812 CARGO COURT
KY 40299

Mailing Address

1812 CARGO COURT
LOUISVILLE KY 40299



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1992

2. Principal Place of Business

21 2716 Grassland Dr
Suite, Apt. #, etc.

2a. Mailing Address

26 2716 Grassland Dr
Suite, Apt. #, etc.

4. FEI Number

61-0915072

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

Louisville, Ky

28 City & State

Louisville, Ky

6. Election Campaign Financing

Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip

40299

29 Zip

40299

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

FIORINI, DANTE
SUITE 310, BISCAYNE BLDG.
19 WEST FLAGLER ST.,
MIAMI FL 33130

10. Name and Address of New Registered Agent

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

TITLE C
NAME COTNER, KERMIT T.
STREET ADDRESS 2501 STOVER DR.
CITY-ST-ZIP NEW ALBANY IN

TITLE PT
NAME FIORINI, ALBERT E.
STREET ADDRESS 4318 GLENVIEW AVE.
CITY-ST-ZIP GLENVIEW KY-

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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, shown as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

Date

502-491-9880

Daytime Phone #

CR2E034 (1/198)