

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 # **F95000003543 (4)**

1. Corporation Name
RAPHAEL KATZEN ASSOCIATES INTERNATIONAL, INC.



Principal Place of Business: 2300 WALL ST., STE. K CINCINNATI OH 45212
Mailing Address: 2300 WALL ST., STE. K CINCINNATI OH 45212

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: 07/21/1995
3a. Date of Last Report: Initial Report
4. FLI Number: 31-6022287
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**KATZEN, RAPHAEL
27901 RIVERWALK WAY
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent (81-85)
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	KATZEN, RAPHAEL	
STREET ADDRESS	2300 WALL ST., STE. K	
CITY-ST-ZIP	CINCINNATI OH 45212	
TITLE	CP	<input type="checkbox"/> DELETE
NAME	MADSON, PHILIP W	
STREET ADDRESS	2300 WALL ST., STE. K	
CITY-ST-ZIP	CINCINNATI OH 45212	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KATZEN, SELMA	
STREET ADDRESS	2300 WALL ST., STE. K	
CITY-ST-ZIP	CINCINNATI OH 45212	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SHROFF, BIPIN S	
STREET ADDRESS	2300 WALL ST., STE. K	
CITY-ST-ZIP	CINCINNATI OH 45212	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOFFMAN, GARY R	
STREET ADDRESS	2300 WALL ST., STE. K	
CITY-ST-ZIP	CINCINNATI OH 45212	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KLINE, WALTER W	
STREET ADDRESS	2300 WALL ST., STE. K	
CITY-ST-ZIP	CINCINNATI OH 45212	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	C/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Katzen, Raphael	
13 STREET ADDRESS	2300 Wall Street, Suite K	
14 CITY-ST-ZIP	Cincinnati, Ohio 45212	
21 TITLE	P/COO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Madson, Philip W.	
23 STREET ADDRESS	2300 Wall Street, Suite K	
24 CITY-ST-ZIP	Cincinnati, Ohio 45212	
31 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Monceaux, Dale A.	
33 STREET ADDRESS	2300 Wall Street, Suite K	
34 CITY-ST-ZIP	Cincinnati, Ohio 45212	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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: *Selma S. Katzen, Treasurer* 07/01/96 513-351-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Day) (Month) (Year) (Area) (Country) Phone #

CR2E034 (12/95)