

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 19 1996 8:00 am
Secretary of State

DOCUMENT # 263795 (7)
1. Corporation Name
FASIG-TIPTON FLORIDA, INC.



Principal Place of Business Mailing Address
2400 NEWTOWN PIKE **2400 NEWTOWN PIKE**
P.O. BOX 13610 **P.O. BOX 13610**
LEXINGTON KY 40583-0610 **LEXINGTON KY 40583-0610**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/19/1962	04/18/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-0994198	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RUBIN, BAUM, LEVIN, CONSTANT, FRIEDMAN. 2500 SOUTHEAST FINANCIAL CENTER ATTN: LARRY A. STUMF, ESQ MIAMI FL 33131-9336				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____
Signature typed or printed name of registered agent and that applicant (2001 Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	EVP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BROWNING JR, BOYD T		1.2 NAME				
STREET ADDRESS	2400 NEWTOWN PIKE		1.3 STREET ADDRESS				
CITY-ST-ZIP	LEXINGTON KY		1.4 CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ROBERTSON, WALTER S.		2.2 NAME				
STREET ADDRESS	2400 NEWTOWN PIKE		2.3 STREET ADDRESS				
CITY-ST-ZIP	LEXINGTON KY		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HETTINGER, JOHN		3.2 NAME				
STREET ADDRESS	RR #1 BOX 50		3.3 STREET ADDRESS				
CITY-ST-ZIP	PAWLING NY		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HILL IV, JAMES M		4.2 NAME				
STREET ADDRESS	2571 IRON WORKS PIKE		4.3 STREET ADDRESS				
CITY-ST-ZIP	GEORGETOWN KY		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	VAN CLIEF, JR. D		5.2 NAME				
STREET ADDRESS	2400 NEWTOWN PIKE		5.3 STREET ADDRESS				
CITY-ST-ZIP	LEXINGTON KY		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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: Boyd T. Browning, Jr. *Boyd T. Browning, Jr.* 3/15/96 (606) 255-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)