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Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 295971 (6)
1. Corporation Name
CLAIRSON INTERNATIONAL CORPORATION

Principal Place of Business 720 S.W. 17TH STREET OCALA FL 32674 US	Mailing Address 101 S FIFTH ST SUITE 2300 LOUISVILLE KY 40202-3114 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/19/1965 3a. Date of Last Report 07/17/1996 4. FEI Number 59-1148072 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE V NAME ROSS-KILKELLY, CLO STREET ADDRESS 720 SW 17 ST CITY-ST-ZIP Ocala FL	1.1 TITLE V 1.2 NAME Mclellan, CRAIG 1.3 STREET ADDRESS 720 SW 17th Street 1.4 CITY-ST-ZIP Ocala FL 34478
TITLE P NAME CLEMENTS, ROB STREET ADDRESS 720 SW 17 ST CITY-ST-ZIP Ocala FL	2.1 TITLE V 2.2 NAME WATTS, WALLY 2.3 STREET ADDRESS 720 SW 17th Street 2.4 CITY-ST-ZIP Ocala, FL 34478
TITLE DT NAME KIRTLEY, OLIVIA F. STREET ADDRESS 101 S FIFTH ST STE 2300 CITY-ST-ZIP LOUISVILLE KY	3.1 TITLE V 3.2 NAME Shore, KAREN 3.3 STREET ADDRESS 101 S. Fifth St. Suite 2300 3.4 CITY-ST-ZIP Louisville, KY 40202
TITLE DV NAME SHEA, TIMOTHY T. STREET ADDRESS 101 S FIFTH ST STE2300 CITY-ST-ZIP LOUISVILLE KY	4.1 TITLE V 4.2 NAME Landis, David 4.3 STREET ADDRESS 101 S. Fifth St. Suite 2300 4.4 CITY-ST-ZIP Louisville KY 40202
TITLE DS NAME HAGAN, JULIA P. STREET ADDRESS 101 S FIFTH ST STE 2300 CITY-ST-ZIP LOUISVILLE KY	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE V NAME RUSSELL, KEN, DAVID STREET ADDRESS 720 SW 17 ST CITY-ST-ZIP Ocala FL 34478	6.1 TITLE 6.2 NAME Russell, Ken 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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, or on an attachment with an address

SIGNATURE _____ Julia P. Hagan 5/19/97 5/19/97 5/19/97

CR2E034 (9/96)