

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 831820 (6)

1. Corporation Name
THE CORRADINO GROUP, P.S.C.



Principal Place of Business: 200 S.FIFTH ST.,STE.300 NORTH LOUISVILLE KY 40202-0204
Mailing Address: 200 S.FIFTH ST.,STE.300 NORTH LOUISVILLE KY 40202-0204

3. Date Incorporated or Qualified: 02/12/1974
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	61-0713040	Not Applicable
22	22. City & State	27. City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	24. Country	29. Country	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

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

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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: V NAME: HOLLAND, P.R. STREET ADDRESS: 1611 SPRING DRIVE CITY-STATE-ZIP: LOUISVILLE KY DELETED: <input checked="" type="checkbox"/>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: RIPPLE, D.R. STREET ADDRESS: 9413 WALHAMPTON DRIVE CITY-STATE-ZIP: LOUISVILLE KY DELETED: <input type="checkbox"/>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PDTS NAME: CORRADINO, JOSEPH C STREET ADDRESS: 1505 SYLVAN COURT CITY-STATE-ZIP: LOUISVILLE, KY 00000 DELETED: <input type="checkbox"/>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: JORDAN, J.E. STREET ADDRESS: 1222 MOSSWOOD CT. CITY-STATE-ZIP: JERFFERSONVILLE IN DELETED: <input type="checkbox"/>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: KALTENBACH, K. D STREET ADDRESS: 4201 WINDY OAKS ROAD CITY-STATE-ZIP: LOUISVILLE KY DELETED: <input type="checkbox"/>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: PULLEN, T. A STREET ADDRESS: 117 ECHO SPRINGS DRIVE CITY-STATE-ZIP: FRANKFORT KY DELETED: <input type="checkbox"/>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

2524 Glenmary Avenue
Louisville, Ky. 40204

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

215-96

502-587-7221

Date

Daytime Phone #

CR2E034 (12/95)

Cont'd of Officers & Directors

Frederick C. P'Pool
12923 Andover Drive
Carmel, Indiana 46033

VP