

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

DOCUMENT # **P32333** (7)
1. Corporation Name
RANDMARK, INC.



Principal Place of Business: P.O. BOX 740026, ATTN: TAX DEPT, LOUISVILLE KY 40201-7426
Mailing Address: P.O. BOX 740026, ATTN: TAX DEPT, LOUISVILLE KY 40201-7426

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24
25 Suite, Apt. #, etc.
26 City & State
27 Zip Country
28
29
30

3. Date incorporated or Qualified: **12/31/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **52-1157181**
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
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of the corporation _____
Signature, typed or printed name of person authorized to file this statement _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, WAYNE T.	
STREET ADDRESS	500 WEST MAIN STREET	
CITY - ST - ZIP	LOUISVILLE KY 40202	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAUERNFEIND, GEORGE G.	
STREET ADDRESS	500 WEST MAIN STREET	
CITY - ST - ZIP	LOUISVILLE KY 40202	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KROGER, JOAN O.	
STREET ADDRESS	500 WEST MAIN STREET	
CITY - ST - ZIP	LOUISVILLE KY 40202	
TITLE	CFOD	<input type="checkbox"/> DELETE
NAME	DRURY, W. ROGER	
STREET ADDRESS	500 WEST MAIN STREET	
CITY - ST - ZIP	LOUISVILLE KY 40202	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	CASH, W. LARRY	
STREET ADDRESS	500 WEST MAIN STREET	
CITY - ST - ZIP	LOUISVILLE KY 40202	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	COUGHLIN, KAREN A.	
STREET ADDRESS	500 WEST MAIN STREET	
CITY - ST - ZIP	LOUISVILLE KY 40202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
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	

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-05/13/96--01014--004 change Addition
***200.00

QEB
5-1-96

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: *George Bauernfeind* VP-Taxes APR 29 1996 (502) 580-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Official Phone #

CR2E034 (12/95)