

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 # 823026 (0)

1. Corporation Name

CARILLON IMPORTERS LTD



Principal Place of Business

Mailing Address

GLENPOINTE CENTRE WEST
TEANECK NJ 07666-3897

GLENPOINTE CENTRE WEST
TEANECK NJ 07666-3897

3. Date Incorporated or Qualified

07/10/1969

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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, or both, if applicable

(NOTE: Registered Agent's signature required when non-filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

V

NAME

MCEVOY, RICHARD E

STREET ADDRESS

ATRIUM PL 1512 PALISADE

CITY - ST - ZIP

FORT LEE NJ

TITLE

AT

NAME

POLLACK, JOSEPH

STREET ADDRESS

17 BIRCH LANE

CITY - ST - ZIP

WOODSTOCK NY

TITLE

PD

NAME

ROUX, MICHEL

STREET ADDRESS

12 WADSWORTH, CT

CITY - ST - ZIP

TEANECK NJ

TITLE

VT

NAME

CIRAULO, JERRY C

STREET ADDRESS

250 LOTTE RD.

CITY - ST - ZIP

RIDGEWOOD, NJ.

TITLE

Vp Fin and Admin

NAME

BRUCE MASSEY

STREET ADDRESS

11 Briarwood Ct.

CITY - ST - ZIP

WOODCLIFF PARK, NJ 07675

TITLE

Leslie Johnson

NAME

Asst. Treasurer

STREET ADDRESS

16600 Tealam Rd.

CITY - ST - ZIP

Minnetonka MN. 55345

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Print Name

CR2E034 (12/95)