


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 851278 (2) 1. Corporation Name J.J.B. HILLIARD, W.L. LYONS, INC.					
Principal Place of Business HILLIARD LYONS CENTER 501 4TH AVE LOUISVILLE KY 40202 US			Mailing Address P O BOX 32780 LOUISVILLE KY 40232-2780 US		
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 12/14/1981 3a. Date of Last Report 10/02/1996 4. FEI Number 61-0734935 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	
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 filed if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 6.1 TITLE NAME STREET ADDRESS 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: Joseph J. Hilliard			3/31/97 (502) 588-8400 Date Daytime Phone #		

CR2E034 (9/96)