

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

FILED

Apr 28 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 # F94000001635 (1)
1. Corporation Name

CARLYLE & CO. OF MONTGOMERY

Principal Place of Business

Mailing Address

P.O. BOX 21768
GREENSBORO NC 27420-1768

P.O. BOX 21768
GREENSBORO NC 27420-1768



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	03/31/1994	04/15/1996
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	56-1137865	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
CASTELLI, WILLIAM 4041 SUNBEAM RD. SUITE 1 JACKSONVILLE FL 32257				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				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 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, LAWRENCE M	1.2 NAME	
STREET ADDRESS	4815 DUNDAS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC 27407	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, JOHN K	2.2 NAME	
STREET ADDRESS	4815 DUNDAS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC 27407	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, RUSSELL L	3.2 NAME	
STREET ADDRESS	4815 DUNDAS DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC 27407	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKER, RICHARD I	4.2 NAME	
STREET ADDRESS	4815 DUNDAS DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC 27407	4.4 CITY-ST-ZIP	
TITLE	VASD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, MARTIN M	5.2 NAME	
STREET ADDRESS	4815 DUNDAS DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC 27407	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____

4.15.97

CR2E034 (9/96)