

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

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**Mar 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M76259 (4)

1. Corporation Name
CORONET FINANCIAL GROUP, INC.



Principal Place of Business 4600 MARRIOTT DR., SUITE 200 P.O. BOX 30043 RALEIGH NC 27622-7043	Mailing Address 4600 MARRIOTT DR., SUITE 200 P.O. BOX 30043 RALEIGH NC 27622-0043
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/13/1988	3a. Date of Last Report 02/27/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 56-1652476	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. 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 THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301		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 607.1508, 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 <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD, RICHARD A.	1.2 NAME	Clyde Wm. Engle
STREET ADDRESS	4600 MARRIOTT DRIVE	1.3 STREET ADDRESS	830 N. Greenbay Road
CITY-ST-ZIP	RALEIGH NC	1.4 CITY-ST-ZIP	Lake Forest, IL 60045
TITLE	EVP <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNEDY, GLENN J.	2.2 NAME	James M. Fawcett, Jr.
STREET ADDRESS	4600 MARRIOTT DRIVE	2.3 STREET ADDRESS	401 N. Michigan Ave.
CITY-ST-ZIP	RALEIGH NC	2.4 CITY-ST-ZIP	Chicago, IL 60611
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, CLAIR K.	3.2 NAME	
STREET ADDRESS	4600 MARRIOTT DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTENSON, LEE N	4.2 NAME	
STREET ADDRESS	55 EAST MONROE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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: *Richard A. Leonard* **QUINN** PRESIDENT **2/21/97** **(919) 781-5611**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)