
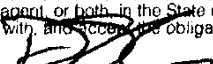
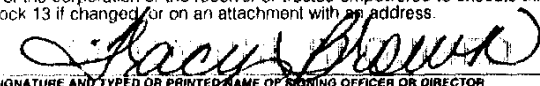


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000086443 (5)</b>					
1. Corporation Name <b>CARILLON GROUP INC.</b>					
Principal Place of Business <b>11661 NW 29TH MANOR SUITE 415 SUNRISE FL 33323 US</b>			Mailing Address <b>10117 W. OAKLAND PARK BLVD. SUITE 415 SUNRISE FL 33351-6917</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/09/1995</b>	
21		26		3a. Date of Last Report <b>04/25/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0619574</b>	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip		Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country		Country		9. Name and Address of Current Registered Agent	
25		30		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
PEREYRA, DAVID 11661 NW 29TH MANOR SUITE 211 SUNRISE FL 33323		81 Name <b>Dave Schauer</b>			
		82 Street Address (P.O. Box Number is Not Acceptable) <b>11661 NW 29 Manor</b>			
		83			
		84 City <b>Sunrise</b> FL 85 Zip Code <b>33323</b>			
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  DATE <b>4/27/97</b>					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>PM COLLINS, LISA M</b>			1.2 NAME		
STREET ADDRESS <b>% 10117 W. OAKLAND PARK BLVD. SUITE 415</b>			1.3 STREET ADDRESS		
CITY-ST-ZIP <b>SUNRISE FL</b>			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>V COHEN, ILLENE</b>			2.2 NAME		
STREET ADDRESS <b>% 10117 W. OAKLAND PARK BLVD. SUITE 415</b>			2.3 STREET ADDRESS		
CITY-ST-ZIP <b>SUNRISE FL</b>			2.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>SM PEREYRA, DAVID</b>			3.2 NAME <b>Schauer Dave</b>		
STREET ADDRESS <b>% 10117 W. OAKLAND PARK BLVD. SUITE 415</b>			3.3 STREET ADDRESS <b>10117 W Oakland Park Blvd Suite 415</b>		
CITY-ST-ZIP <b>SUNRISE FL</b>			3.4 CITY-ST-ZIP <b>Sunrise FL 33301</b>		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>T BROWN, TRACY</b>			4.2 NAME		
STREET ADDRESS <b>% 10117 W. OAKLAND PARK BLVD. SUITE 415</b>			4.3 STREET ADDRESS		
CITY-ST-ZIP <b>SUNRISE FL</b>			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:  DATE <b>4/27/97</b> DAYTIME PHONE # <b>954/749-9300</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)