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

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07 1998 8:00am
Secretary of State

DOCUMENT # **P95000086443 (5)**

1. Corporation Name
CARILLON GROUP INC.

Principal Place of Business
10117 WEST OAKLAND PARK BLVD.
SUITE 415
SUNRISE FL 33351
US

Mailing Address
10117 WEST OAKLAND PARK BLVD.
SUITE 415
SUNRISE FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/09/1995

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number
65-0619574
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SCHAUER, DAVE
11661 NW 29TH MANOR
SUNRISE FL 33323

10. Name and Address of New Registered Agent
81 Name LISA COLLINS
82 Street Address (P.O. Box Number is Not Acceptable) 11661 NW 29 TH MANOR
83
84 City SUNRISE **FL** 85 Zip Code 33323

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: Lisa Collins, President 4/29/98
(Signature, type or print name of individual and title, if applicable) (If CR2E031 Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PM	☐ DELETE
NAME	COLLINS, LISA M	
STREET ADDRESS	% 10117 W. OAKLAND PARK BLVD. SUITE 415	
CITY-ST-ZIP	SUNRISE FL	
TITLE	V	☐ DELETE
NAME	COHEN, ILLENE	
STREET ADDRESS	% 10117 W. OAKLAND PARK BLVD. SUITE 415	
CITY-ST-ZIP	SUNRISE FL	
TITLE	S	☐ DELETE
NAME	SCHAUER, DAVE	
STREET ADDRESS	10117 W. OAKLAND PARK BLVD., STE 415	
CITY-ST-ZIP	SUNRISE FL	
TITLE	T	☒ DELETE
NAME	BROWN, TRACY	
STREET ADDRESS	% 10117 W. OAKLAND PARK BLVD. SUITE 415	
CITY-ST-ZIP	SUNRISE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	☒ Change ☐ Addition
4.2 NAME	COHEN, ILLENE	
4.3 STREET ADDRESS	% 10117 W. OAKLAND PARK BLVD S 415	
4.4 CITY-ST-ZIP	SUNRISE FL 33351	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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: Lisa Collins President 4/29/98 954-747-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #