

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

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Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005228 (1)
 1. Corporation Name
A.B. MANAGEMENT, INC. OF DELAWARE



Principal Place of Business 1900 INTERNATIONAL PARK DR. SUITE 303 BIRMINGHAM AL 35243	Mailing Address 1900 INTERNATIONAL PARK DR. SUITE 303 BIRMINGHAM AL 35243
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 10/07/1994	4. FEI Number 63-1106127	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt #, etc.	22. City & State	26. Suite, Apt #, etc.	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	24. Country	28. Zip	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	BAKER, ALEX D	1.2 NAME	
STREET ADDRESS	1900 INTERNATIONAL PARK DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, W. ERNEST	2.2 NAME	
STREET ADDRESS	1900 INTERNATIONAL PARK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, JEFFREY G	3.2 NAME	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEINMAN, GARY J	4.2 NAME	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ALLESSANDRI, RICHARD	5.2 NAME	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCK, ELIZABETH	6.2 NAME	
STREET ADDRESS	ONE CHASE MANHATTAN PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005	6.4 CITY-ST-ZIP	

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, 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, on an attachment with an address.

SIGNATURE: _____ *(Signature)* **1/26/98** **305-969-1002**

CR2E034 (10/97)