

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

FILED

**May 15 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 # F96000001832 (2)
 1. Corporation Name
STATON OPERATIONS, INC.



Principal Place of Business 2665 S. BAYSHORE DR. SUITE 900 MIAMI FL 33133	Mailing Address 2665 S. BAYSHORE DR. SUITE 900 MIAMI FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2665 S Bayshore Drive Suite, Apt. #, etc. 22 Suite 703 City & State 23 Miami, FL Zip 24 33133-5401	2a. Mailing Address 26 2665 S Bayshore Drive Suite, Apt. #, etc. 27 Suite 703 City & State 28 Miami, FL Zip 29 33133-5401	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 04/11/1996	4. FEI Number 65-0656440	Applied For Not Applicable
5. Certificate of Status Desired XXXX	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
RICHARDS, TIMOTHY D ESO
2665 S. BAYSHORE DR, SUITE 900
MIAMI FL 33133

10. Name and Address of New Registered Agent
 81 Name
World Corporate Services, Inc.
 82 Street Address (P.O. Box Number is Not Acceptable)
2665 S Bayshore Drive
 83
Suite 703
 84 City
Miami **FL** 85 Zip Code
33133-5401

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 *Timothy D. Richards* Pres. DATE **4/8/98**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STATON, ALBERT H JR	
STREET ADDRESS	2665 S. BAYSHORE DR, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	STATON, MARY JANE	
STREET ADDRESS	2665 S. BAYSHORE DR, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDS, TIMOTHY D	
STREET ADDRESS	2665 S. BAYSHORE DR, SUITE 900	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	D/P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Albert H. Staton, Jr.		
1.3 STREET ADDRESS	2665 S Bayshore Drive STE 703		
1.4 CITY-ST-ZIP	Miami, FL 33133-5401		
2.1 TITLE	D/V/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Mary Jane Staton		
2.3 STREET ADDRESS	2665 S Bayshore Drive STE 703		
2.4 CITY-ST-ZIP	Miami, FL 33133-5401		
3.1 TITLE	A S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Timothy D. Richards, Esq.		
3.3 STREET ADDRESS	2665 S Bayshore Drive, STE 703		
3.4 CITY-ST-ZIP	Miami, FL 33133-5401		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 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.

CF2E034 (10/97)