

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

FILED
Apr 01 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 # P94000041827 (4)

1. Corporation Name

DARBY SHORES MANAGEMENT, INC.



Principal Place of Business 420 S. DIXIE HWY SUITE 2K CORAL GABLES FL 33146	Mailing Address 420 S. DIXIE HWY SUITE 2K CORAL GABLES FL 33146
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 329 Granello Ave Suite, Apt. #, etc. 22 City & State 23 Coral Gables FL 24 Zip 33146 25 Country USA		2a. Mailing Address 26 329 Granello Ave Suite, Apt. #, etc. 27 City & State 28 Coral Gables FL 29 Zip 33146 30 Country USA		3. Date Incorporated or Qualified 05/31/1994	
9. Name and Address of Current Registered Agent HOFMANN, JOHN L 420 S. DIXIE HWY SUITE 2K CORAL GABLES FL 33146		4. FEI Number 65-0492238			
		5. Certificate of Status Desired <input type="checkbox"/> \$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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
10. Name and Address of New Registered Agent 81 Name United States Registered Agents, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 329 Granello Avenue 83 84 City Coral Gables FL 85 Zip Code 33146					

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

Signature, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-23-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAEGER, WILLIAM B	1.2 NAME	
STREET ADDRESS	8401 SW 16TH TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, RICHARD H	2.2 NAME	
STREET ADDRESS	8365 SW 168TH TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, WILLIAM	3.2 NAME	
STREET ADDRESS	15000 SW 179TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33187	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESTER, WILLIAM	4.2 NAME	
STREET ADDRESS	14700 PETTIT WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854	4.4 CITY-ST-ZIP	
TITLE		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		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 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:

W B Saeger

3/27/98

(205) 264 0055

CR2E034 (10/97)