

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

**FILED**  
**Mar 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # V46346 (5)**  
 1. Corporation Name  
**CH POSDEF LP, INC.**



Principal Place of Business <b>11760 US HIGHWAY ONE                  SUITE 600                  NORTH PALM BEACH FL 33408</b>	Mailing Address <b>11760 US HIGHWAY ONE                  SUITE 600                  NORTH PALM BEACH FL 33408</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/25/1992</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0349029</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	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	

g. Name and Address of Current Registered Agent <b>LEON, J E                  9250 WEST FLAGLER ST.                  MIAMI FL 33174</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DT
NAME	GELBER, LESLIE J	1.2 NAME	BOYLAN, PETER
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	1.3 STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	1.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	DV	2.1 TITLE	AS
NAME	HOFFMAN, KENNETH P	2.2 NAME	HATHAWAY, SCOT C
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	2.3 STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	2.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	DT	3.1 TITLE	AS
NAME	MCGRATH, ROBERT L	3.2 NAME	PONDER, STEPHEN H
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	3.3 STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	3.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	S	4.1 TITLE	AS
NAME	CARPENTER, FRANCES M	4.2 NAME	TANCER, EDWARD F.
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	4.3 STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	4.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: FRANCES M CARPENTER, SECRETARY** *Frances M. Carpenter* 2/15/98 (561) 691-3500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0514128

CR2E034 (10/97)