

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

FILED  
Feb 12 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
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DOCUMENT # **599382** (9)  
1. Corporation Name  
**SOUTH SHORE DEVELOPERS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>C/O CREDIT SUISSE FIRST BOSTON 11 MADISON AVE NEW YORK NY 10010 US</b>	Mailing Address <b>C/O CREDIT SUISSE FIRST BOSTON 5 WORLD TRADE CENTER NEW YORK NY 10048 US</b>
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3. Date Incorporated or Qualified  
**01/19/1979**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1887589	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired 11 Madison Avenue - 9th Fl.	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Zip 29	Country 30	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  
**THE PRENTICE HALL CORPORATION SYSTEM, INC  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	<b>The Prentice-Hall Corporation System, Inc.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1201 Hays Street Ste. 105</b>
83	
84 City	<b>Tallahassee</b>
85 Zip Code	<b>FL 32301</b>

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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LATTIN, A. FLOYD</b>	1.2 NAME	<b>Lattin, A. Floyd</b>
STREET ADDRESS	<b>PARK AVENUE PLAZA</b>	1.3 STREET ADDRESS	<b>11 Madison Avenue</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	<b>New York, NY 10010</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSSO, LORI M.</b>	2.2 NAME	
STREET ADDRESS	<b>11 MADISON AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANNO DIANE</b>	3.2 NAME	<b>Manno, Diane</b>
STREET ADDRESS	<b>5 WORLD TRADE CENTER</b>	3.3 STREET ADDRESS	<b>11 Madison Avenue</b>
CITY-ST-ZIP	<b>NEW YORK NY 10048</b>	3.4 CITY-ST-ZIP	<b>New York, NY 10010</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEGNER, GERALD</b>	4.2 NAME	
STREET ADDRESS	<b>6 GATEWAY CENTER</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PITTSBURGH PA 15222</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOHSEN, KENNETH</b>	5.2 NAME	
STREET ADDRESS	<b>5 WORLD TRADE CENTER</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10040</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DOT</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>DOT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEGENNARO, THOMAS A</b>	6.2 NAME	<b>DeGennaro, Thomas A</b>
STREET ADDRESS	<b>5 WORLD TRADE CTR</b>	6.3 STREET ADDRESS	<b>11 Madison Avenue</b>
CITY-ST-ZIP	<b>NY NY</b>	6.4 CITY-ST-ZIP	<b>New York, NY 10010</b>

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: *Thomas A DeGennaro* Thomas A. DeGennaro 2/2/98 212-325-1994

CR2E034 (10/97)