

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

**FILED**  
**May 18 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 # F03008 (2)**

1. Corporation Name  
**SPECIAL ACCOUNTS MANAGEMENT, INC.**



Principal Place of Business <b>2400 SE FEDERAL HWY                  SUITE 220                  STUART FL 34994                  US</b>	Mailing Address <b>2400 SE FEDERAL HWY                  SUITE 220                  STUART FL 34994                  US</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21 [ ] Suite, Apt #, etc	26 <b>70 Pine Street</b> State, Apt #, etc	<b>10/24/1980</b>	<b>59-2030091</b>
22 [ ] City & State	27 <b>Attn: E.M. Tuck</b> City & State	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
23 [ ] Zip	28 <b>New York, NY</b> Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24 [ ] Country	29 <b>10270</b> Zip	30 <b>USA</b> Country	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**HANLON, RONALD R.  
 2400 SE FEDERAL HWY  
 SUITE 220  
 STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **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 \_\_\_\_\_ (NOTE: Registered Agent separate required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOUGLAS, H E</b>	1.2 NAME	
STREET ADDRESS	<b>2400 SE FEDERAL HWY #220</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROXTON, ROBERT E</b>	2.2 NAME	
STREET ADDRESS	<b>2400 SE FEDERAL HWY SUITE 220</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VDST</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BACH, LEONARD J.</b>	3.2 NAME	
STREET ADDRESS	<b>2400 SE FEDERAL HWY #220</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Tuck, Elizabeth M.</b>	4.2 NAME	
STREET ADDRESS	<b>70 Pine Street</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>New York, New York 10270</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D/V/S/T</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Moore, Kelli J.</b>	5.2 NAME	
STREET ADDRESS	<b>2400 SE Federal Highway</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Stuart, FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)