

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

FILED
May 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 # 349886 (2)
 1. Corporation Name
CHOCTOW INVESTMENT CORPORATION



Principal Place of Business EXECUTIVE OFFICE 1 CORPORATE DRIVE PALM COAST FL 32151	Mailing Address EXECUTIVE OFFICE 1 CORPORATE DRIVE PALM COAST FL 32151
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/28/1969	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 11-2201173	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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	PD GARDNER, JAMES E.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	1.2 NAME	
STREET ADDRESS	PALM COAST FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD BUTLER, SAMUEL JR.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EXECUTIVE OFFICE, CORPORATE DRIVE	2.2 NAME	
STREET ADDRESS	PALM COAST FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD CALLEA, CHARLES J	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 CORPORATE DR	3.2 NAME	
STREET ADDRESS	PALM COAST FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S CUFF, ROBERT G., JR.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	4.2 NAME	
STREET ADDRESS	PALM COAST FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS POWERS, RICHARD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1330 AVE. OF THE AMERICA	5.2 NAME	
STREET ADDRESS	NEW YORK NY	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	AS GARD, VICTORIA P	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 CORPORATE DR	6.2 NAME	
STREET ADDRESS	PALM COAST FL	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 _____

4-21-98 (904) 445-6000

CR2E034 (10/97)