

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

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

Principal Place of Business C/O CREDIT SUISSE FIRST BOSTON 11 MADISON AVE NEW YORK NY 10010 US	Mailing Address C/O CREDIT SUISSE FIRST BOSTON 5 WORLD TRADE CENTER NEW YORK NY 10048 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/19/1979	
21 Suite, Apt. #, etc.		26 c/o Credit Suisse First Boston		4. FEI Number 59-1887589	
22 City & State		27 11 Madison Avenue - 9th Fl.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 New York, NY		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 10010		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	
25		30 USA			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE HALL CORPORATION SYSTEM, INC 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301				81 Name The Prentice-Hall Corporation System, Inc.			
				82 Street Address (P.O. Box Number Is Not Acceptable) 1201 Hays Street			
				83 Ste. 105			
				84 City Tallahassee FL 85 Zip Code 32301			

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

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)