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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 805350 (6)

1. Corporation Name
ARCHBOLD EXPEDITIONS



Principal Place of Business 330 ISLAND ROAD PALM BEACH FL 33480	Mailing Address 330 ISLAND ROAD PALM BEACH FL 33480
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3. Date Incorporated or Qualified 03/20/1941	
4. FEI Number 23-6400408	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**HUFTY, FRANCES A
 330 ISLAND ROAD
 PALM BCH FL 33852**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOVE, LELA	
STREET ADDRESS	266 W 77TH STREET APT. #5	
CITY-ST-ZIP	NEW YORK NY	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HUFTY, FRANCES A	
STREET ADDRESS	330 ISLAND ROAD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	TASD	<input type="checkbox"/> DELETE
NAME	LEIDY, MRS FRANCES HUFTY	
STREET ADDRESS	105-133; 700 W. DOWINGTOWN PIKE	
CITY-ST-ZIP	WEST CHESTER PA	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	ARCHBOLD, HUGTY J	
STREET ADDRESS	1152 LAKE CLARK DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUFTY, MARY P MD	
STREET ADDRESS	257 MAPACHE DR	
CITY-ST-ZIP	PORTOLA VALLEY CA	
TITLE	SATD	<input type="checkbox"/> DELETE
NAME	ALEGRIA, DANIEL S. MD	
STREET ADDRESS	257 MAPACHE DRIVE	
CITY-ST-ZIP	PORTOLA VALLEY CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Love, Lela Porter	
1.3 STREET ADDRESS	266 W. 77th Street, Apt. #5	
1.4 CITY-ST-ZIP	New York, NY	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lloyd-George, Donna Hufty	
2.3 STREET ADDRESS	346 Crescent Drive	
2.4 CITY-ST-ZIP	Palm Beach, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lloyd-George, Robert	
3.3 STREET ADDRESS	346 Crescent Drive	
3.4 CITY-ST-ZIP	Palm Beach, FL	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Hufty, John Archbold	
4.3 STREET ADDRESS	1152 Lake Clark Drive	
4.4 CITY-ST-ZIP	West Palm Beach, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Leidy III, Carter	
5.3 STREET ADDRESS	300 E. Evans St, Apt P282	
5.4 CITY-ST-ZIP	West Chester, PA	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Sedgwick, Walter Cabot	
6.3 STREET ADDRESS	20 Old La Honda Rd.	
6.4 CITY-ST-ZIP	Woodside, CA	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David B. Johnston* David B. Johnston, Controller 4/2/98 (041) 455

CR2E037 (10/97)