

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR 30 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03008

1. Corporation Name
SPECIAL ACCOUNTS MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2400 SE FEDERAL HWY SUITE 220 STUART FL 34994 US

Mailing Address
70 PINE ST ATTN: E M TUCK NEW YORK NY 10270 US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

3. Date Incorporated or Qualified
10/24/1980

4. FEI Number
59-2030091 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax Yes No

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

81 Name **Corporation Service Company**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1201 Hays Street**
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 **Rama R. Duff** (Note: Registered Agent is not required when incorporating)
4-30-99 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	DOUGLAS, H E	STREET ADDRESS	2400 SE FEDERAL HWY #220	CITY-ST-ZIP	STUART FL	<input type="checkbox"/> DELETE
TITLE	S	NAME	TUCK, ELIZABETH	STREET ADDRESS	70 PINE ST	CITY-ST-ZIP	NEW YORK NY 10270	<input type="checkbox"/> DELETE
TITLE	VD	NAME	BACH, LEONARD J.	STREET ADDRESS	2400 SE FEDERAL HWY #220	CITY-ST-ZIP	STUART FL	<input type="checkbox"/> DELETE
TITLE	DVST	NAME	MOORE, KELLI J	STREET ADDRESS	2400 SE FEDERAL HWY	CITY-ST-ZIP	STUART FL	<input checked="" type="checkbox"/> DELETE
TITLE	G	NAME	Lind, Peter Eugene	STREET ADDRESS	111 John St	CITY-ST-ZIP	New York NY	<input type="checkbox"/> DELETE
TITLE	D	NAME	Patrikis, Ernest Theodore	STREET ADDRESS	70 Pine St	CITY-ST-ZIP	New York NY	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	12 NAME		13 STREET ADDRESS		14 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		22 NAME		23 STREET ADDRESS		24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	V	32 NAME		33 STREET ADDRESS		34 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	T	42 NAME	McFate, Carol Ann	43 STREET ADDRESS	170 Pine St	44 CITY-ST-ZIP	New York, NY 10270	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE		52 NAME		53 STREET ADDRESS		54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		62 NAME		63 STREET ADDRESS		64 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: **Ernest Theodore Patrikis** (Signature typed or printed name of registered agent and title, if applicable)
4-28-99 212 770-7000