

**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

**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 **Kama R. Duff**  
Signature (typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent is not required when...)

**4-30-99**

**12. OFFICERS AND DIRECTORS**

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

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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

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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 signatory and title, if applicable)

4-28-99 212 770-7000