


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

FILED

May 15 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 # **F97000003367 (6)**

1. Corporation Name

GOLDEN MERGER CORPORATION



Principal Place of Business 3420 OCEAN PARK BOULEVARD SANTA MONICA CA 90405	Mailing Address 3420 OCEAN PARK BOULEVARD SANTA MONICA CA 90405
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/27/1997	
				4. FEI Number 95-4574528	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 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	NAME	ANTIN, ROBERT L	1.1 TITLE		Change	Addition
STREET ADDRESS			3420 OCEAN PARK BOULEVARD SUITE 1000	1.2 NAME			
CITY-ST-ZIP			SANTA MONICA CA 90405	1.3 STREET ADDRESS			
TITLE	SD	NAME	ANTIN, ARTHUR J	1.4 CITY-ST-ZIP			
STREET ADDRESS			3420 OCEAN PARK BOULEVARD SUITE 1000	2.1 TITLE		Change	Addition
CITY-ST-ZIP			SANTA MONICA CA 90405	2.2 NAME			
TITLE	TD	NAME	TAUBER, NEIL	2.3 STREET ADDRESS			
STREET ADDRESS			3420 OCEAN PARK BOULEVARD SUITE 1000	2.4 CITY-ST-ZIP			
CITY-ST-ZIP			SANTA MONICA CA 90405	3.1 TITLE		Change	Addition
TITLE	CFO	NAME	FULLER, TOMAS W	3.2 NAME			
STREET ADDRESS			3420 OCEAN PARK BOULEVARD SUITE 1000	3.3 STREET ADDRESS			
CITY-ST-ZIP			SANTA MONICA CA 90405	3.4 CITY-ST-ZIP			
TITLE		NAME		4.1 TITLE		Change	Addition
STREET ADDRESS				4.2 NAME			
CITY-ST-ZIP				4.3 STREET ADDRESS			
TITLE		NAME		4.4 CITY-ST-ZIP			
STREET ADDRESS				5.1 TITLE		Change	Addition
CITY-ST-ZIP				5.2 NAME			
TITLE		NAME		5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CITY-ST-ZIP			
CITY-ST-ZIP				6.1 TITLE		Change	Addition
TITLE		NAME		6.2 NAME			
STREET ADDRESS				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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/98

(310) 392-9599

Date Daytime Phone # 0626606

CR2E034 (10/97)