

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

FILED

Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97974** (2)
1. Corporation Name
HUDSON MANAGEMENT CORPORATION

Principal Place of Business 450 E LAS OLAS BLVD SUITE 1200 FT. LAUDERDALE FL 33301 US	Mailing Address 450 E LAS OLAS BLVD SUITE 1200 FT. LAUDERDALE FL 33301 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/02/1982	
4. FEI Number 59-2213209	Applied For <input type="checkbox"/> Not Applicable
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 110 S.E. 6th Street Suite, Apt. #, etc. 22 20th Floor City & State 23 Ft. Lauderdale, FL Zip 24 33301	2a. Mailing Address 26 110 S.E. 6th Street Suite, Apt. #, etc. 27 20th Floor City & State 28 Ft. Lauderdale, FL Zip 29 33301
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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 FL 85 Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, HARRIS W.	1.2 NAME	
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1200	1.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	VPS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANDLEY, RICHARD L.	2.2 NAME	Cole, James O.
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1200	2.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEDDY, COURTLAND	3.2 NAME	Hyle, Kathleen
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1200	3.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VP Wright, Peter
STREET ADDRESS		4.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	AS Barclay, David A.
STREET ADDRESS		5.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VP Kilburn, Dan
STREET ADDRESS		6.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301

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 unchanged, or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)