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Apr 06 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 # H37805 (9)

1. Corporation Name
STEIN MANAGEMENT COMPANY, INC.

Principal Place of Business 2501 S. OCEAN DR. HOLLYWOOD FL 33019-9633	Mailing Address 2501 S. OCEAN DR. HOLLYWOOD FL 33019-9633
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/14/1985	
21		26		4. FEI Number 59-2501050	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	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 FROST, IRWIN M 1001 BRICKELL AVENUE SUITE 1400 MIAMI FL 33131		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 FL

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 Irwin M. Frost 3/25/98
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	AS	1.1 TITLE	
NAME	BAER, LINDA	1.2 NAME	
STREET ADDRESS	2501 S. OCEAN DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	TOBIN, HERBERT A.	2.2 NAME	
STREET ADDRESS	1101 HILLCREST DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SAYFIE, ERNEST	3.2 NAME	
STREET ADDRESS	1117 E HALLANDALE BEACH BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	SIMPSON, DAVID B.	4.2 NAME	
STREET ADDRESS	2 UNIVERSITY PLAZA, #109	4.3 STREET ADDRESS	
CITY-ST-ZIP	HACKENSACK NJ	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	COWAN, IRVING	5.2 NAME	
STREET ADDRESS	3725 S. OCEAN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	
TITLE		6.1 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] 3-27-98 (954) 927-3080

CR2E034 (10/97)