


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

FILED

Jan 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J26731** (6)  
1. Corporation Name  
**SOUTHERN INVESTMENTS, INC.**



Principal Place of Business C/O COLONY REALTY INC. 11440 OKEECHOBEE BLVD., SUITE 206 ROYAL PALM BEACH FL 33411 US	Mailing Address C/O COLONY REALTY, INC. 11440 OKEECHOBEE BLVD., SUITE 206 ROYAL PALM BEACH FL 33411 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o William E. Wright Suite, Apt. #, etc. 22 13500 Chelmsford St. City & State 23 Wellington, Florida Zip Country 24 33414 25 Palm Beach		2a. Mailing Address 26 c/o William E. Wright Suite, Apt. #, etc. 27 13500 Chelmsford St. City & State 28 Wellington, Florida Zip Country 29 33414 30 Palm Beach		3. Date Incorporated or Qualified <b>07/30/1986</b>	4. FEI Number <b>59-2702920</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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
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9. Name and Address of Current Registered Agent WRIGHT, WILLIAM E. 11440 OKEECHOBEE BLVD #206 SUITE C ROYAL PALM BEACH FL 33411				10. Name and Address of New Registered Agent 81 Name <b>Same</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>13500 Chelmsford Street</b> 83 84 City <b>Wellington</b> <b>FL</b> 85 Zip Code <b>33414</b>			
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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	VST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, WILLIAM E.	1.2 NAME	
STREET ADDRESS	11440 OKEECHOBEE BLVD #206	1.3 STREET ADDRESS	13500 Chelmsford Street
CITY-ST-ZIP	ROYAL PALM BEACH FL	1.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, WILLIAM E.	2.2 NAME	
STREET ADDRESS	11440 OKEECHOBEE BLVD, #206	2.3 STREET ADDRESS	13500 Chelmsford Street
CITY-ST-ZIP	ROYAL PALM BEACH FL	2.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, RICHARD CRAIG	3.2 NAME	
STREET ADDRESS	13150 DOUBLE TREE CIR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*William E. Wright* WRIGHT

1/14/98

561-793-4466

CR2E034 (10/97)