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



Sandra B. Mortham	1998 8:00am etary of State
Principal Place of Business Mailing Address 2655 NORTH OCEAN DRIVE 2655 N OCEAN DR SUITE 500 STE 500 SINGER ISLAND FL 33404 DO NOT US 3. Date Incorporated or Que	WRITE IN THIS SPACE
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 65-0017322 Suite, Apt. #, etc. Suite, Apt. #, etc.	Not Applicable \$8.75 Additional
5. Certificate of Status Desir	red Fee Required
City & State City & State 6. Election Campaign Finance 23 7rust Fund Contribution	scing \$5.00 May Be Added to Fees
Zip Country Zip Country 8. This corporation owes or	has paid the current year Intangible
24 25 29 30 Personal Property Tax du 9. Name and Address of Current Registered Agent 10. Name and Address of N	
ENGEL, LINDA K. 2655 NORTH OCEAN DRIVE 81 Name 82 Street Address (P.O. Box Number is Not Ac	
SUITE 500	
SINGER ISLAND FL 33404	
84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement to office or registered agent, or both, in the State of I torida. Such change was authorized by the corporation's board of directors. I hereby agent I am furnish with and acceptific obligations of, Section 607 0505, Florida Statutes. SIGNATURE Linda K. Engel	or the purpose of changing its registered y accept the appointment as registered
Signific, typed or printed many of registrical appell and title it applicable (NOTE: Registered Agent signature required when reinstating)	DATE
12. OFFICE REANO DIRECTORS 13. ADDITIONS/CHANGES TO DELETE 1.1 TITLE	O OFFICERS AND DIRECTORS IN 12 S Change Addition
NAME WALSH, EUGENE R.	
STREET ADDRESS 2655 NORTH OCEAN DRIVE 1.3 STREET ADDRESS SINGER ISLAND FL 33404 1.4 CITY ST 210	
CITY-ST-ZIP SINGER ISLAND FL 33404 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE	Change Addition
NAME 22 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP	Change Addition
NAME 32 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE .	Change Addition
NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	Change Addition
NAME 62 NAME	
STREET ADDRESS (6.3 STREET ADDRESS)	
CITY-ST-ZIP 6.6 (CITY-ST-ZIP 6.6 (CITY-ST-ZIP 1.4.1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Stating indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effection.	tutes. I further certify that the information

Eugene R. Walsh,