

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

FILED  
Jun 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

DOCUMENT # L92599  
1. Corporation Name

SHAY ASSETS MANAGEMENT, INC.

Principal Place of Business  
888 Brickell Ave.  
5th Floor  
Miami, FL 33131

Mailing Address  
888 Brickell Ave.  
5th Floor  
Miami, FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
8/13/90

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-3026736	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent

Corporation Company of Miami  
1500 Miami Center  
100-Chopin-Plaza--  
Miami, FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd.
83
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 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 date 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	1.1 TITLE	Change Addition
NAME	Shay, Rodger D.	1.2 NAME	
STREET ADDRESS	9200 S. Dadeland Blvd., #812	1.3 STREET ADDRESS	1000 BRICKELL AVE
CITY-ST-ZIP	Miami, FL	1.4 CITY-ST-ZIP	
TITLE	EV	2.1 TITLE	Change Addition
NAME	Sammons, Edward E. Jr.	2.2 NAME	
STREET ADDRESS	111 East Wacker Dr., #2600	2.3 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	Change Addition
NAME	Podraza, Robert T.	3.2 NAME	
STREET ADDRESS	111 East Wacker Dr., #2600	3.3 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL	3.4 CITY-ST-ZIP	
TITLE	<del>Adamson, David</del>	4.1 TITLE	Change Addition
NAME	<del>111 East Wacker Dr., #2600</del>	4.2 NAME	DELETE
STREET ADDRESS	<del>Chicago, IL</del>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	4000002562204
STREET ADDRESS		6.3 STREET ADDRESS	-06/17/98-01018-012
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***1650.00

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

CR2E034 (10/97)