

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47307 (6)

1. Corporation Name
THE PROLOGUE SOCIETY, INC.



Principal Place of Business C/O NORTHERN TRUST COMPANY 700 BRICKELL AVE MIAMI FL	Mailing Address C/O NORTHERN TRUST COMPANY 700 BRICKELL AVE MIAMI FL
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3. Date Incorporated or Qualified 02/13/1992	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0334615	
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
COURTHOUSE CENTER
175 NW FIRST AVE #2000
MIAMI FL 33128-9965

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	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 C	<input checked="" type="checkbox"/> DELETE	1.1 TITLE C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCABE, ARVA MOORE PAR		1.2 NAME C	
STREET ADDRESS 700 BRICKELL AVENUE		1.3 STREET ADDRESS Spivey, Donald	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP 700 Brickell Avenue	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARCHMAN, RAY E.		2.2 NAME	
STREET ADDRESS 700 BRICKELL AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GLUSS, RANDALL R.		3.2 NAME S	
STREET ADDRESS 700 BRICKELL AVENUE		3.3 STREET ADDRESS Lima, Antonio D.	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP 700 Brickell Avenue	
TITLE S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARRIZURIETA, CARLOS		4.2 NAME	
STREET ADDRESS 700 BRICKELL AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEINTRAUB, ALBERT L.		5.2 NAME	
STREET ADDRESS 5TH FLR, 2250 SW 3RD AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MATHESON, FINLAY B.		6.2 NAME	
STREET ADDRESS 3898 SHIPPING AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **1/7/98**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)