


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	
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		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/13/1992	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0334615 Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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					
TITLE	C	<input checked="" type="checkbox"/> DELETE			
NAME	MCCABE, ARVA MOORE PAR				
STREET ADDRESS	700 BRICKELL AVENUE				
CITY-ST-ZIP	MIAMI FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MARCHMAN, RAY E.				
STREET ADDRESS	700 BRICKELL AVENUE				
CITY-ST-ZIP	MIAMI FL				
TITLE	S	<input checked="" type="checkbox"/> DELETE			
NAME	GLUSS, RANDALL R.				
STREET ADDRESS	700 BRICKELL AVENUE				
CITY-ST-ZIP	MIAMI FL				
TITLE	S	<input checked="" type="checkbox"/> DELETE			
NAME	ARRIZURIETA, CARLOS				
STREET ADDRESS	700 BRICKELL AVE.				
CITY-ST-ZIP	MIAMI FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WEINTRAUB, ALBERT L.				
STREET ADDRESS	5TH FLR, 2250 SW 3RD AVENUE				
CITY-ST-ZIP	MIAMI FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MATHESON, FINLAY B.				
STREET ADDRESS	3898 SHIPPING AVENUE				
CITY-ST-ZIP	MIAMI FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	C				
1.3 STREET ADDRESS	Spivey, Donald				
1.4 CITY-ST-ZIP	700 Brickell Avenue Miami, FL				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	Lima, Antonio D.				
3.3 STREET ADDRESS	700 Brickell Avenue				
3.4 CITY-ST-ZIP	Miami, FL				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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:

SIGNATURE *[Signature]*

1/7/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (10/97)