

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P14643** (1)
1. Corporation Name
SI GULF TWO, INC.

Principal Place of Business %SIBAG HOLDING CORP. 1201 MARKET STREET, SUITE 1402 WILMINGTON DE 19801	Mailing Address %SIBAG HOLDING CORP. 1201 MARKET STREET, SUITE 1402 WILMINGTON DE 19801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/29/1987	
				4. FEI Number 22-2786094	
				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	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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	
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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	VPC	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GISH, DENNIS			1.2 NAME			
STREET ADDRESS	21 ENSIGN LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MASSAPEQUA NY			1.4 CITY-ST-ZIP			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MENHARD, HANS			2.2 NAME	CHRISTINE M. NEWDECK		
STREET ADDRESS	35 BOULDER BROOK ROAD			2.3 STREET ADDRESS	2219 BROADLINE ROAD		
CITY-ST-ZIP	GREENWICH CT			2.4 CITY-ST-ZIP	WILMINGTON, DE		
TITLE	VPSD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MITTAG, JUERGEN			3.2 NAME			
STREET ADDRESS	33 EASTERN DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	ARDSLEY NY			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAKER, EILEEN			4.2 NAME			
STREET ADDRESS	17 CHERRY TREE LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	RIVERSIDE CT			4.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHANSSON, GUNNAR			5.2 NAME			
STREET ADDRESS	51 WEST MAIN STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSIDE NJ			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	WILLIAM S. ADDOLSON		
STREET ADDRESS				6.3 STREET ADDRESS	39 ELSTON ROAD		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	MONTCLAIR, NJ		

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:

Dennis C. Gish DENNIS C. GISH

1/19/98

302-654-7660

CR2E034 (1097)