

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 # **P17872** (3)
1. Corporation Name
SI PALMETTO, INC.

Principal Place of Business C/O SIBAG HOLDING CORP. 1201 MARKET ST., STE 1402 WILMINGTON DE 19801	Mailing Address C/O SIBAG HOLDING CORP. 1201 MARKET ST., STE 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 02/03/1988	
25		29		4. FEI Number 22-2865006	
25		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		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 CT CORPORATION SYSTEM 1200 S. 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	
84 City				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 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	PD	DELETE		1.1 TITLE	AS, T	Change	Addition
NAME	MENHARD, HANS			1.2 NAME	Christine M. Vanderhook		
STREET ADDRESS	35 BOULDER BROOK RD			1.3 STREET ADDRESS	2219 Brookline Rd.		
CITY-ST-ZIP	GREENWICH CT			1.4 CITY-ST-ZIP	Wilmington, DE 19803		
TITLE	VPSD	DELETE		2.1 TITLE		Change	Addition
NAME	MITTAG, JUERGEN			2.2 NAME			
STREET ADDRESS	33 EASTERN DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	ARDSLEY NY			2.4 CITY-ST-ZIP			
TITLE	VC	DELETE		3.1 TITLE	D	Change	Addition
NAME	GISH, DENNIS			3.2 NAME			
STREET ADDRESS	21 ENSIGN LN			3.3 STREET ADDRESS			
CITY-ST-ZIP	MASSAPEQUA NY			3.4 CITY-ST-ZIP			
TITLE	V	DELETE		4.1 TITLE	P, D	Change	Addition
NAME	BLAKER, EILEEN			4.2 NAME			
STREET ADDRESS	17 CHERRY TREE LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	RIVER SIDE CT			4.4 CITY-ST-ZIP			
TITLE	AS	DELETE		5.1 TITLE	S	Change	Addition
NAME	JOHANSSON, GUNNAR O			5.2 NAME			
STREET ADDRESS	51 WEST MAIN STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSIDE NJ			5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	William S. Addison	Change	Addition
NAME				6.2 NAME	39 Blatton Road		
STREET ADDRESS				6.3 STREET ADDRESS	Montclair, NJ 07043		
CITY-ST-ZIP				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 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

DENNIS C. GISH 1/19/98 302-654-7660

CR2E034 (10/97)