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FILED
May 12 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 # P93000074564 (4) 1. Corporation Name RRC FL SPC, INC.		

Principal Place of Business 121 W. FORSYTH STREET SUITE 200 JACKSONVILLE FL 32202	Mailing Address 200 LAURA STREET JACKSONVILLE FL 32202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/27/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3207783	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent F&L CORP. 200 LAURA STREET JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	STEIN, MARTIN E JR	1.2 NAME	Stein, Richard W.
STREET ADDRESS	121 W. FORSYTH ST., ST. 200	1.3 STREET ADDRESS	121 W. Forsyth St. Ste 200
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville FL 32202
TITLE	VP	2.1 TITLE	D
NAME	JOHNSON, BRUCE M	2.2 NAME	Smith, Jonathan L
STREET ADDRESS	121 W. FORSYTH ST., STE. 200	2.3 STREET ADDRESS	11 S. LaSalle St. 2nd Floor
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Chicago, IL
TITLE	VP	3.1 TITLE	D
NAME	THOMPSON, JAMES D	3.2 NAME	Commander, Charles E.
STREET ADDRESS	121 W. FORSYTH ST., STE. 200	3.3 STREET ADDRESS	200 Laura St.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	VP	4.1 TITLE	
NAME	SKINNER, A. C III	4.2 NAME	
STREET ADDRESS	121 W. FORSYTH ST., STE. 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	VPS	5.1 TITLE	
NAME	MILLER, ROBERT L JR.	5.2 NAME	
STREET ADDRESS	121 W. FORSYTH ST., STE. 200	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	VPS	6.1 TITLE	
NAME	LEAVITT, J. C	6.2 NAME	
STREET ADDRESS	121 W. FORSYTH ST., STE. 200	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-98

(904)356-7000

Date Daytime Phone # 0031254

CR2E034 (10/97)