


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

FILED

Apr 24 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 # **P94000043288 (7)**

1. Corporation Name
RTH INVESTMENTS-MANAGEMENT CORPORATION



Principal Place of Business MV24B MARINA VILLAGE KEY LARGO FL 33037 US	Mailing Address 100460 OVERSEAS HWY KEY LARGO FL 33037 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100460 Overseas Hwy. Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25		2a. Mailing Address 26 100460 Overseas Hwy. Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 06/06/1994	
		4. FEI Number 65-0497256		Applied For <input type="checkbox"/> Not Applicable	
		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 type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HAIRE, WILLIAM C 429 WOODLAWN AVE BELLEAIR FL				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 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	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAIRE, ROBERT T			1.2 NAME			
STREET ADDRESS	MV24B MARINA VILLAGE			1.3 STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO FL 33037			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREG L. BUCK			2.2 NAME			
STREET ADDRESS	100460 OVERSEAS HWY			2.3 STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO FL			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JANE VAN FLEET			3.2 NAME			
STREET ADDRESS	100460 OVERSEAS HWY			3.3 STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO FL			3.4 CITY-ST-ZIP			
TITLE	VAS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TEYA L. DUART			4.2 NAME			
STREET ADDRESS	100460 OVERSEAS HWY			4.3 STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO FL			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAM C. HAIRE			5.2 NAME			
STREET ADDRESS	429 WOODLAWN AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	BELLEAIR FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME	Robert Steven Haire		
STREET ADDRESS				6.3 STREET ADDRESS	100460 Overseas Highway		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Key Largo, FL 33037		

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:

Robert S. Haire RTHAIRE 4/10/98 305/453-9510

CR2E034 (10/97)