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Mar 23 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 # P95000007037 (1) 1. Corporation Name GREG NORMAN PRODUCTION COMPANY		



Principal Place of Business 501 HIGHWAY A1A JUPITER FL 33477 US	Mailing Address 501 HIGHWAY A1A JUPITER FL 33477 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/23/1995		4. FEI Number 65-0555240		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. 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		8.75 Additional Fee Required		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent ERICKSON, PAUL B 501 HIGHWAY A1A JUPITER FL 33477				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 FL			
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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	PD	NAME	NORMAN, GREG	1.1 TITLE	CEO/D/T	1.2 NAME	
STREET ADDRESS	501 HIGHWAY A1A	CITY-ST-ZIP	JUPITER FL	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
TITLE	S	NAME	NORMAN, LAURA	2.1 TITLE		2.2 NAME	
STREET ADDRESS	501 HIGHWAY A1A	CITY-ST-ZIP	JUPITER FL	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	VPCA	NAME	ERICKSON, PAUL B	3.1 TITLE	EXVP	3.2 NAME	
STREET ADDRESS	501 HIGHWAY A1A	CITY-ST-ZIP	JUPITER FL	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	AT	NAME	WILLIAM, CLAPP G	4.1 TITLE		4.2 NAME	
STREET ADDRESS	630 FIFTH AVE	CITY-ST-ZIP	NEW YORK NY	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE	AT	NAME	WOLF, KAREN	5.1 TITLE		5.2 NAME	
STREET ADDRESS	222 ROYAL PALM WAY	CITY-ST-ZIP	PALM BEACH FL	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE	P	6.2 NAME	BAKER COLLINS
STREET ADDRESS		CITY-ST-ZIP		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	501 NWA JUPITER, FL

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] 3/1/98 212 0018 561

CR2E034 (10/97)