

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


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98 JUL -7 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000092698 (6)		
1. Corporation Name 226 SEMINOLE CORP.		

Principal Place of Business 222 LAKEVIEW AVE SUITE 800 WEST PALM BCH FL 33401 US	Mailing Address 222 LAKEVIEW AVENUE SUITE 800 W. PALM BEACH FL 33401
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2. Principal Place of Business 21 226 Seminole Avenue Suite, Apt. #, etc. 22	2a. Mailing Address 26 P.O. Box 2635 Suite, Apt. #, etc. 27
City & State 23 Palm Beach, Florida	City & State 28 Palm Beach, Florida
Zip 24 33480	Country 25 USA
Zip 29 33480	Country 30 USA

3. Date Incorporated or Qualified 12/05/1995	4. FEI Number 65-0630543	Applied For 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 HOMISCO INCORPORATION, INC. 222 LAKEVIEW AVENUE SUITE 800 W. PALM BEACH FL 33401	
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10. Name and Address of New Registered Agent	
81 Name CT Corporation Systems	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 1200 South Pine Island Road	
84 City Plantation	85 Zip Code FL 33324

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS KOCHMAN, RONALD S 222 LAKEVIEW AVE, SUITE 800 W. PALM BEACH FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BLEEFELD, BRAD 222 LAKEVIEW AVE, SUITE 800 W. PALM BEACH FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D, P, S, Eliot Lauer, Esq. 101 Park Avenue, NY, NY 10178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	300002585513-8 -07/10/98--01077--011 *****52.50 *****52.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	300002585513-8 -07/10/98--01077--012 *****550.00 *****550.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* 6/6/98 (501) 820-1320

CR2E034 (10/97)