

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

FILED
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
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DOCUMENT # P96000032688 (9)

1. Corporation Name

THE CORIM GROUP, INC.

Principal Place of Business
325 WEST ADAMS STREET
JACKSONVILLE FL 32202

Mailing Address
P. O. BOX 4610
JACKSONVILLE FL 32201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/10/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3367661	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCAFFEE, T J JR 100 N LAURA STREET SUITE 600 JACKSONVILLE FL 32201-0359		10. Name and Address of New Registered Agent	
81	Name	82	Street Address (P.O. Box Number is Not Acceptable) 325 WEST ADAMS STREET, 6TH FLOOR
83	City	84	JACKSONVILLE
		85	FL
		86	32202

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 607.0506, 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	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLINGHAM, BEN H JR	1.2 NAME	
STREET ADDRESS	100 N LAURA STREET, SUITE 600	1.3 STREET ADDRESS	325 WEST ADAMS STREET, 6TH FLOOR
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAFFEE, T J	2.2 NAME	
STREET ADDRESS	100 N LAURA STREET, SUITE 600	2.3 STREET ADDRESS	325 WEST ADAMS STREET, 6TH FLOOR
CITY-ST-ZIP	JACKSONVILLE FL 32202	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, JEFFREY	3.2 NAME	
STREET ADDRESS	100 N LAURA STREET, SUITE 600	3.3 STREET ADDRESS	325 WEST ADAMS STREET, 6TH FLOOR
CITY-ST-ZIP	JACKSONVILLE FL 32202	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINBOTHAM, LAUREN	4.2 NAME	
STREET ADDRESS	100 N LAURA STREET, SUITE 600	4.3 STREET ADDRESS	325 WEST ADAMS STREET, 6TH FLOOR
CITY-ST-ZIP	JACKSONVILLE FL 32202	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	S	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLATCH, SUSAN	5.2 NAME	
STREET ADDRESS	100 N LAURA STREET, SUITE 600	5.3 STREET ADDRESS	325 WEST ADAMS STREET, 6TH FLOOR
CITY-ST-ZIP	JACKSONVILLE FL 32202	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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

2/28/98

(904) 355-3500

CR2E034 (10/97)