

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

FILED
May 05 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 # P96000076111 (9)
 1. Corporation Name
SUITE 300 CORP.



Principal Place of Business 8181 WEST BROWARD BLVD. STE 300 PLANTATION FL 33324	Mailing Address 8181 WEST BROWARD BLVD. STE 300 PLANTATION FL 33324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/12/1996	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
26 Suite, Apt. #, etc.	27 City & State	28 Zip	29 Country	30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LIDA, CARL H 8181 WEST BROWARD BLVD. STE 300 PLANTATION FL 33324				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 607.0506, Florida Statutes.					

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MARCUS, NORMAN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8181 WEST BROWARD BLVD. STE 300	1.2 NAME	
STREET ADDRESS	PLANTATION FL 33324	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD ZIETZ, LAWRENCE D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8181 WEST BROWARD BLVD. STE 300	2.2 NAME	
STREET ADDRESS	PLANTATION FL 33324	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD CEASAR, MITCHELL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8181 WEST BROWARD BLVD. STE 300	3.2 NAME	
STREET ADDRESS	PLANTATION FL 33324	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD BAKER, ROBERT M	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8181 WEST BROWARD BLVD. STE 300	4.2 NAME	
STREET ADDRESS	PLANTATION FL 33324	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D LIDA, CARL H	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8181 WEST BROWARD BLVD. STE 300	5.2 NAME	
STREET ADDRESS	PLANTATION FL 33324	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 for 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 my address.

SIGNATURE: _____
 (Handwritten signatures and names: Norman, Zietz, Mitchell, Baker, Lida)

CR2E034 (10/97)