

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

FILED

**May 06 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 # P96000079938
1. Corporation Name
WHO'S YA DADDY! INC.

Principal Place of Business 712 U.S. Highway One No. Palm Beach, FL 33408	Mailing Address 712 U.S. Highway One No. Palm Beach, FL 33408
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3. Date Incorporated or Qualified 9/26/96	3a. Date of Last Report 4/16/97
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite Apt # etc 22	Suite Apt # etc 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 65-0697121	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 has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**COHEN, GREGORY
712 U.S. Highway One
No. Palm Beach, FL 33408**

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

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 _____ (Not Registered Agent's signature required when re-registering) DATE _____

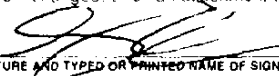
12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	Bryan Cohen
STREET ADDRESS	227 Commodore Dr.
CITY- ST- ZIP	Jupiter, FL 33477
TITLE	D <input type="checkbox"/> DELETE
NAME	Gregory Cohen
STREET ADDRESS	227 Commodore Dr.
CITY- ST- ZIP	Jupiter, FL 33477
TITLE	D <input type="checkbox"/> DELETE
NAME	Alan Feldmesser
STREET ADDRESS	3 Alnwick Rd.
CITY- ST- ZIP	Palm Beach Gardens, FL 33418
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	100002513261
63 STREET ADDRESS	-05/06/98--01051--034
64 CITY- ST- ZIP	***150.00

14. I do 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:  **Gregory Cohen** 4/20/98 561/844-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

x 5/6