

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

FILED
Apr 29 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 # P96000081370 (4)
1. Corporation Name
CONNELL CAPITAL FUND, INC.



Principal Place of Business 2000 S.W. THIRD AVE. SUITE 901 MIAMI FL 33129	Mailing Address 2000 S.W. THIRD AVE. SUITE 901 MIAMI FL 33129
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1000 BRICKELL AVE. Suite, Apt. #, etc. 22 SUITE 900 City & State 23 MIAMI FL Zip 24 33131		2a. Mailing Address 26 1000 BRICKELL AVE. Suite, Apt. #, etc. 27 SUITE 900 City & State 28 MIAMI FL Zip 29 33131		3. Date Incorporated or Qualified 10/02/1996	
Country 25 USA		Country 30 USA		4. FEI Number 65-0700085	
				5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PERRONE, STEPHEN L 2000 S.W. THIRD AVE. SUITE 901 MIAMI FL 33129				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1000 BRICKELL AVE. 83 SUITE 900 84 City MIAMI FL 85 Zip Code 33131			
--	--	--	--	--	--	--	--

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			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	DPT			1.1 TITLE			
NAME	CONNELL, HAROLD L			1.2 NAME			
STREET ADDRESS	2000 S.W. THIRD AVE., SUITE 901			1.3 STREET ADDRESS	1000 BRICKELL AVE. - SUITE 900		
CITY - ST - ZIP	MIAMI FL 33129			1.4 CITY - ST - ZIP	MIAMI FL 33131		
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	VDS			2.1 TITLE			
NAME	PERRONE, STEPHEN L			2.2 NAME			
STREET ADDRESS	2000 S.W. THIRD AVE., SUITE 901			2.3 STREET ADDRESS	1000 BRICKELL AVE - SUITE 900		
CITY - ST - ZIP	MIAMI FL 33129			2.4 CITY - ST - ZIP	MIAMI FL 33131		
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				6.1 TITLE			
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:  STEPHAN L. PERRONE V.P. 4/20/98 305-379-7100

CR2E034 (10/97)