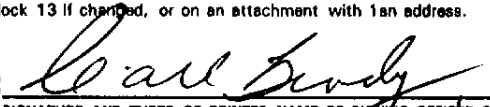


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SC APR 29 PM 1:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P96000095560					
1. Corporation Name CIB Financial, Inc.					
Principal Place of Business c/o Intrastate Reg. Agent Corp. 701 Brickell Avenue Miami, FL 33131		Mailing Address c/o Intrastate Reg. Agent Corp. 701 Brickell Avenue Miami, FL 33131		DO NOT WRITE IN THIS SPACE	
		3. Date Incorporated or Qualified 11/22/86		3a. Date of Last Report 5/5/97	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3421441	
21 400 N. Ashley Dr.		26 400 N. Ashley Dr.		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 Suite 2300		27 Suite 2300		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23 Tampa, FL		28 Tampa, FL			
Zip	County	Zip	County		
24 33602	25	29 33602	30		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
Intrastate Registered Agent Corp. 701 Brickell Ave. Miami, FL 33131				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				81	
				81 City	
000002511630-3 -05/05/98--01118--013 ****150.00 ****150.00					
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brody, Carl c/o 701 Brickell Avenue Miami, FL 33131		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brody, Carl c/o 400 N. Ashley Dr., Ste. 2300 Tampa, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 1a address.					
SIGNATURE:  Carl Brody, President 4-28-98					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					