

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

FILED  
Apr 14 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 # P97000038733 (6)

1. Corporation Name  
RI/JAX MERGER CORP.

Principal Place of Business  
450 EAST LAS OLAS BLVD  
SUITE 1200  
FORT LAUDERDALE FL 33301

Mailing Address  
450 EAST LAS OLAS BLVD  
SUITE 1200  
FORT LAUDERDALE FL 33301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 110 S.E. 6th Street Suite, Apt. #, etc. 22 20th Floor City & State 23 Ft. Lauderdale, FL Zip Country 24 33301 25 US		2a. Mailing Address 26 110 S.E. 6th Street Suite, Apt. #, etc. 27 20th Floor City & State 28 Ft. Lauderdale, FL Zip Country 29 33301 30 US		3. Date Incorporated or Qualified 04/30/1997	
		4. FEI Number Applied For		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DP
NAME	NETHERTON, JEFF	1.2 NAME	Hudson, Harris W.
STREET ADDRESS	660 E JEFFERSON ST	1.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE		2.1 TITLE	YS
NAME		2.2 NAME	Cole, James O.
STREET ADDRESS		2.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE		3.1 TITLE	V
NAME		3.2 NAME	Hawkins, Thomas W
STREET ADDRESS		3.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE		4.1 TITLE	AS
NAME		4.2 NAME	Barclay, David A.
STREET ADDRESS		4.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE		5.1 TITLE	T
NAME		5.2 NAME	Hyle, Kathleen
STREET ADDRESS		5.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE		6.1 TITLE	AT
NAME		6.2 NAME	Sills, Howard
STREET ADDRESS		6.3 STREET ADDRESS	110 S.E. 6th Street, 20th Floor
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301

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:

James O. Cole 3/14/98 954-7109-7221

CF2E034 (10/97)