


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

FILED
Feb 03 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 # P97000045171 (0)
 1. Corporation Name
CGR MANAGEMENT CORPORATION



Principal Place of Business 5500 VILLAGE BLVD. W PALM BEACH FL 33407	Mailing Address 5500 VILLAGE BLVD. W PALM BEACH FL 33407
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 11448
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip 33419
25 Country	30 Country

3. Date Incorporated or Qualified 05/21/1997		
4. FEI Number 65-0757864	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	D SEELBINDER, G.A.
STREET ADDRESS	5500 VILLAGE BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	<input type="checkbox"/> DELETE
NAME	VPO COCKBURN, GLENN W.
STREET ADDRESS	5500 VILLAGE BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	<input type="checkbox"/> DELETE
NAME	DR PRITCHARD, PHILIP L.
STREET ADDRESS	5500 VILLAGE BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	<input type="checkbox"/> DELETE
NAME	ST EPPERSON, MARGARET A.
STREET ADDRESS	5500 VILLAGE BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	<input type="checkbox"/> DELETE
NAME	D KOLLAT, DAVID L.
STREET ADDRESS	5500 VILLAGE BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	<input type="checkbox"/> DELETE
NAME	D HOBSON, DAVID L.
STREET ADDRESS	5500 VILLAGE BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33407

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

SEE ATTACHED FOR DETAILED LIST

600002420516
-02/03/98--01090--035
*****300.00**

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, on an attachment with address.

SIGNATURE: _____

CR2E034 (10/97)

OFFICERS AND DIRECTORS PROFILE

POSITION	NAME	ADDRESS	PHONE	SS#	DOB	Country and City Born
OFFICERS						
Chairman of the Board, CEO and Director	G. Arthur Seelbinder	5500 Village Blvd., West Palm Beach, FL 33407	(561) 615-6000	411-66-3745	05/20/43	Shelby, Memphis TN
President, COO and Director	Phillip L. Pritchard	5500 Village Blvd., West Palm Beach, FL 33407	(561) 615-6000	266-84-4421	07/09/49	Bradley, Cleveland TN
Vice President of Operations and Director	Glenn W. Cockburn	5500 Village Blvd., West Palm Beach, FL 33407	(561) 615-6000	139-48-2943	09/20/55	Westchester, Yonkers NY
Chief Financial Officer and Director	David C. Sewig	5500 Village Blvd., West Palm Beach, FL 33407	(561) 615-6000	501-44-4393	09/07/43	Ward, Minor ND
Secretary - Treasurer	Margaret A. Epperson	5500 Village Blvd., West Palm Beach, FL 33407	(561) 615-6000	217-40-0808	04/25/45	Camden, Camden NJ

DIRECTORS

Director	Harvey Palash	5500 Village Blvd., West Palm Beach, FL 33407	(561) 615-6000	547-40-6798	04/19/33	Toledo, OH
Director	Margaret T. Monaco	5500 Village Blvd., West Palm Beach, FL 33407	(561) 615-6000	199-36-7014	09/15/47	Essex, Newark NJ
Director	David Kollar	5500 Village Blvd., West Palm Beach, FL 33407	(561) 615-6000	304-36-9439	07/07/38	Elkhart, Elkhart IN
Director	David Hobson	5500 Village Blvd., West Palm Beach, FL 33407	(561) 615-6000	381-30-3917	10/17/36	Hamilton, Cincinnati OH
Director	Robin Holderman	5500 Village Blvd., West Palm Beach, FL 33407	(561) 615-6000	279-52-5489	09/07/51	Franklin, Columbus OH
Director	Henry Hillenmeyer	5500 Village Blvd., West Palm Beach, FL 33407	(561) 615-6000	236-70-5146	11/13/43	Temple TX