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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000077376

1. Corporation Name

PARTNERS IN HEALTH AND ENTERTAINMENT MANAGEMENT,
INC.

Principal Place of Business Mailing Address
1700 EAST LAS OLAS BOULEVARD SUITE 102 1700 EAST LAS OLAS BOULEVARD SUITE 102
FORT LAUDERDALE FL 33301 -

2. Principal Place of Business 21 The Jet Center	2a. Mailing Address 26 The Jet Center
Suite, Apt. #, etc. 22 1100 Lee Wagener Blvd. #311	Suite, Apt. #, etc. #311 27 1100 Lee Wagener Blvd.
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale, FL
Zip 24 33315	Zip 29 33315
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent

CYNAMON, JEFF P
1200 EAST LAS OLAS BOULEVARD SUITE 102
FORT LAUDERDALE FL 33301

81	Name Melissa H. Siezel	
82	Street Address (P.O. Box Number is Not Acceptable) c/o Greenberg, Trauring, P.A.	
83	515 E. Las Olas Blvd., Suite 1500	
84	City Ft. Lauderdale	85 Zip Code FL 33301

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

Melissa H. Siezel

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

(NOTE: Registered Agent signature required when reinstating)

4/17/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<p>TITLE D <input type="checkbox"/> DELETE NAME HUYSMAN, JAMES D STREET ADDRESS 1700 EAST LAS OLAS BOULEVARD SUITE 102 CITY-ST-ZIP FORT LAUDERDALE FL 33301</p>		<p>1.1 TITLE P/S/T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Huyssman, James D. 1.3 STREET ADDRESS 1100 Lee Wagener Blvd., #311 1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33315</p>	
<p>TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP</p>	
<p>TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP</p>	
<p>TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP</p>	
<p>TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP</p>	
<p>TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</p>	

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, with all other like empowered.

SIGNATURE:

Melissa H. Siezel, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

Date

Daytime Phone #

025583

CR2E034 (11/98)