


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

**FILED**

**Jan 30 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S08958 (8)**  
 1. Corporation Name  
**FIRSTBIRD MANAGEMENT, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1411 NORTH FLAGLER DRIVE SUITE 9800 WEST PALM BEACH FL 33401 US	Mailing Address 126 DOLPHIN ROAD PALM BEACH FL 33480 US
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3. Date Incorporated or Qualified  
**10/26/1990**

2. Principal Place of Business  
 21 [ ]  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 [ ]  
 Suite, Apt. #, etc.

4. FEI Number  
**65-0230236**  
 Applied For  
 Not Applicable

22 [ ]  
 City & State

27 [ ]  
 City & State

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23 [ ]  
 Zip Country

28 [ ]  
 Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24 [ ]  
 25 [ ]  
 29 [ ]  
 30 [ ]

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**BURDETT, ARTHUR C**  
**1411 NORTH FLAGLER DRIVE**  
**SUITE 9800**  
**WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>BURDETT, ARTHUR C</b> <b>1411 NORTH FLAGLER DRIVE STE 9800</b> <b>WEST PALM BEACH FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>BURDETT, EMMY J.</b> <b>126 DOLPHIN ROAD</b> <b>PALM BEACH FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>BURDETT, CHRISTOPHER</b> <b>3801 S. FLAGLER DRIVE</b> <b>WEST PALM BEACH FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **REQUIRED** 1-18-98 561-844-0524

CR2E034 (10/97)