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Mar 02 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 # **S25312** (7)
1. Corporation Name
CJ MANAGEMENT CORP.

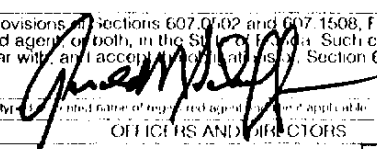
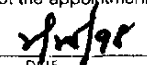
Principal Place of Business C/O SCHAFER 2200 N. FEDERAL HWY 208 BOCA RATON FL 33487	Mailing Address C/O SCHAFER 2200 N. FEDERAL HWY 208 BOCA RATON FL 33487
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DO NOT WRITE IN THIS SPACE

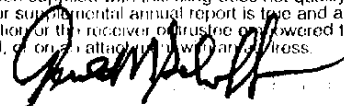

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/16/1991	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country
9. Name and Address of Current Registered Agent SCHAFER, GERALD 2200 N. FEDERAL HWY 208 BOCA RATON FL 33431				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. Zip Code	
85. State				86. Date	

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 I accept the duties imposed by Section 607.0505, Florida Statutes.

SIGNATURE:  (NOT) Registered Agent signature required when reinstating) DATE: 

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	V.P.
NAME	SCHAFER, GERALD	1.2 NAME	
STREET ADDRESS	2200 N. FEDERAL HWY 208	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33431	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	Pres
NAME	SCHAFER, CAROL	2.2 NAME	
STREET ADDRESS	2444 NW 59TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 or 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 attached written address.

SIGNATURE:   561-592-0620

CR2E034 (10/97)