

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S51741 (4)

1. Corporation Name
SOUTHERN MANAGEMENT I, INC.

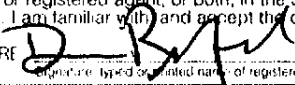


Principal Place of Business 10323 SOUTHERN BLVD ROYAL PALM BEACH FL 33411	Mailing Address 10323 SOUTHERN BLVD ROYAL PALM BEACH FL 33411-4336
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2. Principal Place of Business 21 18679 SE Federal Hwy Suite, Apt. #, etc		2a. Mailing Address 26 18679 SE Federal Hwy Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/13/1991		3a. Date of Last Report 05/01/1996	
22 City & State 23 Tequesta, FL 33469		27 City & State 28 Tequesta, FL 33469		4. FEI Number 65-0261763		Applied For Not Applicable	
24 Zip 25		29 Zip 30		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BALCH, PATRICIA 10323 SOUTHERN BLVD. ROYAL PALM BEACH FL 33411				10. Name and Address of New Registered Agent			
				81 Name Daren Rubinfeld, Esq.			
				82 Street Address (P.O. Box Number is Not Acceptable) 18679 SE Federal Highway			
				83 City Tequesta, FL 33469			
				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  **DAREN RUBENFELD** DATE **4/15/97**

(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, ROBERT L.		1.2 NAME Miller, Robert L.	
STREET ADDRESS 10397 SOUTHERN BLVD.		1.3 STREET ADDRESS 18679 SE Federal Hwy	
CITY-ST-ZIP ROYAL PALM BEACH FL		1.4 CITY-ST-ZIP Tequesta, FL 33469	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME AUSTIN, CHRISTOPHER		2.2 NAME Zboril, Jim	
STREET ADDRESS 10397 SOUTHERN BLVD.		2.3 STREET ADDRESS 18679 SE Federal Hwy, Tequesta, FL 334	
CITY-ST-ZIP ROYAL PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BALCH, PATRICIA		3.2 NAME Rubinfeld, Daren, Esq.	
STREET ADDRESS 10323 SOUTHERN BOULEVARD		3.3 STREET ADDRESS 18679 SE Federal Hwy	
CITY-ST-ZIP ROYAL PALM BEACH FL 33411		3.4 CITY-ST-ZIP Tequesta, FL 33469	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME Austin, Christopher	
STREET ADDRESS		4.3 STREET ADDRESS 18679 SE Federal Hwy, Tequesta, FL 33469	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:  **DAREN RUBENFELD** DATE **4/15/97** 561-743-0014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)