

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

FILED
May 18 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 # F03008 (2)

1. Corporation Name
SPECIAL ACCOUNTS MANAGEMENT, INC.



Principal Place of Business 2400 SE FEDERAL HWY SUITE 220 STUART FL 34994 US	Mailing Address 2400 SE FEDERAL HWY SUITE 220 STUART FL 34994 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/24/1980

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc	26. 70 Pine Street
22. City & State	27. Attn: E.M. Tuck
23. Zip	28. New York, NY
24. Country	29. 10270
25. Country	30. USA

4. FEI Number 59-2030091	Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HANLON, RONALD R.
 2400 SE FEDERAL HWY
 SUITE 220
 STUART FL 34994**

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 _____ (NOTE: Registered Agent separate required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOUGLAS, H E	
STREET ADDRESS	2400 SE FEDERAL HWY #220	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BROXTON, ROBERT E	
STREET ADDRESS	2400 SE FEDERAL HWY SUITE 220	
CITY-ST-ZIP	STUART FL	
TITLE	VDST	<input type="checkbox"/> DELETE
NAME	BACH, LEONARD J.	
STREET ADDRESS	2400 SE FEDERAL HWY #220	
CITY-ST-ZIP	STUART FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Tuck, Elizabeth M.	
STREET ADDRESS	70 Pine Street	
CITY-ST-ZIP	New York, New York 10270	
TITLE	D/V/S/T	<input type="checkbox"/> DELETE
NAME	Moore, Kelli J.	
STREET ADDRESS	2400 SE Federal Highway	
CITY-ST-ZIP	Stuart, FL	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V/D
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	

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 _____

CR2E034 (10/97)