

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

FILED

**Feb 17 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 # H75052 (1)
1. Corporation Name
THE BOX WORLDWIDE, INC.



Principal Place of Business 1221 COLLINS AVE MIAMI BEACH FL 33139 US	Mailing Address 1221 COLLINS AVE MIAMI BEACH FL 33139 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified 09/10/1985	
4. FEI Number 59-2605267	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVE SUITE 2000
MIAMI FL 33131**

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	PD	<input type="checkbox"/> DELETE
NAME	ALAN MCGLADE	
STREET ADDRESS	1221 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	HOFFMAN, LUANN M	
STREET ADDRESS	1221 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LENFEST, H. F. GERRY	
STREET ADDRESS	202 SHOEMAKER RD	
CITY-ST-ZIP	POTTSTOWN PA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PAUL SARTAIN	
STREET ADDRESS	1221 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MICHAELS, PATRICK J JR	
STREET ADDRESS	101 E KENNEDY BLVD, S-3300	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	David B Koff	
3.3 STREET ADDRESS	1221 Collins Ave.	
3.4 CITY-ST-ZIP	Miami Beach, FL 33139	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert R Bennett	
5.3 STREET ADDRESS	1221 Collins Ave.	
5.4 CITY-ST-ZIP	Miami Beach, FL 33139	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Donne F Fisher	
6.3 STREET ADDRESS	1221 Collins Ave.	
6.4 CITY-ST-ZIP	Miami Beach, FL 33139	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Luann M Hoffman* 2/3/98 305-674-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0196295

CR2E034 (10/97)