

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Amended

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 OCT 20 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000055070
1. Corporation Name
B Squared Investment Corp.

Principal Place of Business	Mailing Address
3115 Ocean Front Walk #301 Marina del Rey, CA 90292	3115 Ocean Front Walk #301 Marina del Rey, CA 90292

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3115 Ocean Front Walk Suite, Apt. #, etc. 22 #301 City & State 23 Marina del Rey, CA Zip 24 90292	25 3115 Ocean Front Walk Suite, Apt. #, etc. 27 #301 City & State 28 Marina del Rey, CA Zip 29 90292

3. Date Incorporated or Qualified	Applied For
August 5, 1993	<input type="checkbox"/> Not Applicable
4. FEI Number	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
95-4442450	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired	5.00 Additional Fee Required
<input type="checkbox"/> \$8.75	5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	
<input type="checkbox"/>	

9. Name and Address of Current Registered Agent
Ira J. Coleman
McDermott, Will & Emery
201S. Biscayne Blvd., #2200
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
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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P/T/S/D/C <input checked="" type="checkbox"/> DELETE
NAME	Richard N. Merkin, M.D.
STREET ADDRESS	3115 Ocean Front Walk, #301
CITY-ST-ZIP	Marina del Rey, CA 90292 <input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/T/S/D/C
1.3 STREET ADDRESS	William H. Bokovoy
1.4 CITY-ST-ZIP	13463 Galewood Street Sherman Oaks, CA 91423 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	100002671721--4
2.3 STREET ADDRESS	-10/26/98--01003--009
2.4 CITY-ST-ZIP	*****61.25 *****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
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: William H. Bokovoy 09/30/98 (818) 783-8917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/98)