

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

FILED
Apr 29 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 # V10309 (5)
 1. Corporation Name
SOUTHSHIRE, INC.



Principal Place of Business 2200 CORPORATE BLVD NW SUITE 401 BOCA RATON FL 33431	Mailing Address 2200 CORPORATE BLVD NW SUITE 401 BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One Monroeville Center Suite, Apt. #, etc. 22 Suite 900 City & State 23 Monroeville PA Zip 24 15146 Country 25 USA	2a. Mailing Address 26 Same Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified 01/27/1992	4. FEI Number 65-0319656	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 HCRM CORP. 2200 CORPORATE BLVD NW SUITE 401 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 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE DVORSKY, MICHAEL M. 1717 PENN AVE., #5016 PITTSBURGH PA 15221	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	One Monroeville Center, Suite 900 Monroeville, Pa 15146
TITLE VP	<input type="checkbox"/> DELETE KIMBLE, DAVID W 1717 PENN AVE. STE. 5016 PITTSBURGH PA 15221	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VASD	<input type="checkbox"/> DELETE RINGHAM, WILLIAM O 1717 PENN AVE., #5016 PITTSBURGH PA 15221	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	One Monroeville Center, Suite 900 Monroeville, Pa 15146
TITLE VD	<input type="checkbox"/> DELETE MCKINNEY J DONALD 1717 PENN AVE., #5016 PITTSBURGH PA	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	<input type="checkbox"/> DELETE PASQUALE, JOSEPH L 1717 PENN AVE., #5016 PETTSBURGH PA 15221	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Michael M. Dvorsky Date: 4-21-98 Daytime Phone: 412-372-1746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)