

2nd and FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 AUG 26 AM 9: 59

FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1 Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000594 DEL TURA SPECIAL LIMITED COMPANY 18551 N. TAMIAMI TRAIL NORTH FORT MYERS FL 33903-1399	1a. Principal Place of Business Address 18551 N. TAMIAMI TRAIL NORTH FORT MYERS FL 33903
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2 Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	<i>106 Hancock Bridge</i>	11/03/1994	FL
City & State	<i>D15-543</i>	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	<i>Cape Coral</i>	65-0531195	
Country	<i>FL</i>	5. Date of Last Report	6. Certificate of Status Desired
		05/20/1997	<input checked="" type="checkbox"/> \$8.75 Additional fee Required

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
KANAVOS, PETER J JR. 18551 N. TAMIAMI TRAIL NORTH FORT MYERS FL 33903	Name
	Street Address (P.O./Box Number is Not Acceptable)
	Suite, Apt. #, etc.
	City
	Zip Code
	<i>FL 33991</i>

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE 08/28/98 01077-003
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGMR	KANAVOS, PAUL C	18551 N. TAMIAMI TRAIL	NORTH FORT MYERS FL
MGMR	KANAVOS, PETER J JR.	18551 N. TAMIAMI TRAIL	NORTH FORT MYERS FL
MGMR	KANAVOS, MARK D	18551 N. TAMIAMI TRAIL	NORTH FORT MYERS FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *[Signature]* Date 8/23/98 Daytime Phone # 941-731-7700