File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 12 PH 3: 46 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARIO DE STATE TALLAHASSEE, ELORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # L97000000011** 1a. Principal Place of Business Address WILEN PRESS, LC 135 OVAL DRIVE 135 OVAL DRIVE ISLANDIA NY 11722 ISLANDIA NY 11722 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 01/02/1997 FLSuite Apt # etc Suite, Apt. # etc. 4. FEI Number Applied For City & State City & State 11-3354581 Not Applicable 6. Certificate of Status Desired 5. Date of Last Report Zip Country Country \$8.75 Additional Fee Required 04/27/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name WILEN, RICHARD 3333 SOUTHWEST 15TH STREET Street Address (P.O. Box Number is Not Acceptable) DEFRFIELD BEACH FL 33442 Suite, Apt #, etc. 100002842661~· -04/16/33 - - 01033 -- 018 ovisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment 9. Pursuant to the its registered office as registered age SIGNATURE 10 Title Managing Members/Managers **Business Street Address** City. State and Zip Code MGRM WILEN, RICHARD 135 OVAL DRIVE ISLANDIA NY MGRM WILEN, DARRIN 135 OVAL DRIVE ISLANDIA NY MGRM WILEN, CORY 135 OVAL DRIVE ISLANDIA NY MGRM DIAZ, JOHN 135 OVAL DRIVE ISLANDIA NY MGRM WILEN, KEVIN 3333 SOUTHWEST 15TH STREET DEERFIELD BEACH 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) (i), 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 receives 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

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SIGNATURE: