

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY 28 AM 9:11

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L97000000280

PLSC, L.C.
418 CLERMONT ST
ST MICHEL NAP
QUEBEC CANADA JOL-2J0

1a. Principal Place of Business Address

1742 PLUNKETT ST
HOLLYWOOD FL 33020

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified
03/03/1997

3a. State of Formation
FL

4. FEI Number
65-0734247

5. Date of Last Report

6. Certificate of Status Desired
 Applied For
 Not Applicable
SB 75 Additional Fee Required

7. Name and Address of Current Registered Agent

SUGAR, EDMOND L
950 S FEDERAL HWY
HOLLYWOOD FL 33030

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
300002545989--3
Suite, Apt. #, etc.
06/03/98-01053-016
****188.75 ****188.75
City
FL
Zip Code
MNA

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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	LALONDE, PIERRE	418 CLERMONT ST ST MICHEL	NAP QUEBEC CANADA JO
MEM	CORMIER, SYLVIE	418 CLERMONT ST ST MICHEL	NAP QUEBEC CANADA JO

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 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: 30 April 1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #