


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 FEB 22 PM 2: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 DCS GROUP, L.C. 7619 HATTERAS DRIVE HUDSON FL 34667				DOCUMENT # L9800000016			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		1a. Principal Place of Business Address 7619 HATTERAS DRIVE HUDSON FL 34667	
3. Date Organized or Qualified 01/06/1998		3a. State of Formation FL		4. FEI Number 54-3486005		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report N/A		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
7. Name and Address of Current Registered Agent AMERILAWYER, 343 ALMERIA AVENUE CORAL GABLES FL 33134				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
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. Thereby accept the appointment as registered agent, and accept the obligations.							
SIGNATURE _____				DATE _____			
10. Title Managing Members/Managers Business Street Address City, State and Zip Code							
MGRM	MCNEES, RANDY R	7619 HATTERAS DRIVE	HUDSON FL				
MGRM	DAVIS, DAVID R	7619 HATTERAS DRIVE	HUDSON FL				
4000002789184 -02/26/99--01096--022 ****188.75 ****188.75 <i>Sc 2-24-99</i>							
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: <i>David R. Davis</i> David R. Davis				2/18/99		727-867-9040	