


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

FILED
99 MAY -3 AM 8:53
TALLAHASSEE, FLORIDA
WR 5/6

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company ASCENT INTERNATIONAL L.C. 46 N. WASHINGTON BLVD., #1 SARASOTA FL 34236	DOCUMENT # L98000001330
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1a. Principal Place of Business Address 46 N. WASHINGTON BLVD., #1 SARASOTA FL 34236
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2. Principal Place of Business 1445 COURT STREET Suite, Apt. #, etc.	2a. Mailing Address 1445 COURT STREET Suite, Apt. #, etc.	3a. State of Formation FL
City & State CLEARWATER FL	City & State CLEARWATER FL	4. FEI Number 65-0854474 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33756	Country	5. Date of Last Report N/A
		6. Certificate of Status Desired <input type="checkbox"/> \$0.75 Additional Fee Required

7. Name and Address of Current Registered Agent PATTERSON, JOHN 46 N. WASHINGTON BLVD., #1 SARASOTA FL 34236	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
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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's signature required when replacing.)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BOXSER, DANIEL H	1445 COURT STREET	CLEARWATER, FL 33756
V-MGR	NOHREN, JOESPH	1445 COURT STREET	CLEARWATER, FL 33756

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****188.75 ****188.75

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: Joseph Nohren (727) 445-9361
4/28/99
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER Date Day/Mo/Yr