


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company BEST TECHNOLOGIES OF BROWARD, L.C. 4200 PETERS RD FT. LAUDERDALE FL 33317-4541		DOCUMENT # L93000000062	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.		1a. Principal Place of Business Address 4200 PETERS RD FT. LAUDERDALE FL 33317 <i>1700B</i>	
2. Principal Place of Business <i>Same</i>	2a. Mailing Address	3. Date Organized or Qualified 03/10/1993	3a. State of Formation FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0394375	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Date of Last Report 05/03/1996	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country
7. Name and Address of Current Registered Agent GREENE, TIMOTHY S 4200 PETERS RD FT. LAUDERDALE FL 33317		8. Name and Address of New Registered Agent 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. 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
MGRM	GREENE, TIMOTHY S	4200 PETERS RD	FT. LAUDERDALE FL
MGRM	KIRSCHNER, JOHN	4200 PETERS RD	FT. LAUDERDALE FL
			500002162455--1 -05/01/97--01106--004 ****203.75 ****203.75
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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>Timothy J. Greene</i> Timothy J. Greene 4/24/97 954-792-1770 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			