

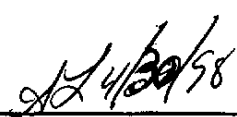


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 APR 29 PM 2:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75		Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L93000000062			
BEST TECHNOLOGIES OF BROWARD, L.C. 4200 PETERS RD FT. LAUDERDALE FL 33317-4541		1a. Principal Place of Business Address 4200 PETERS RD FT. LAUDERDALE FL 33317			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/10/1993	
City & State		City & State		4. FEI Number	
Zip		Country		65-0394375	
				5. Date of Last Report	
				04/28/1997	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
GREENE, TIMOTHY S 4200 PETERS RD FT. LAUDERDALE FL 33317		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, etc.			
		City		Zip Code	
		FL			
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 4/8/98	
(Registered Agent Accepts 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	
				700002513907-5 -05/06/98--01101--005 *****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) (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:


SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/24/98 954-7921770

Date

Daytime Phone #