

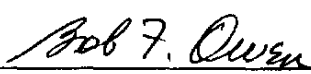


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAR 16 PM 4:00 SECRETARY OF STATE TAMPA, 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  ALPHA FIVE LIMITED COMPANY 10936 N 56TH ST SUITE 202 TEMPLE TERRACE FL 33617		DOCUMENT # L93000000089		1a. Principal Place of Business Address  10936 N 56TH ST SUITE 202 TEMPLE TERRACE FL 33617	
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 03/04/1993 3a. State of Formation FL 4. FEI Number 59-3199780 5. Date of Last Report 03/31/1997 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$0.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  BAKER, JOHN M 806 W COLUMBUS DRIVE TAMPA FL 33602		8. Name and Address of New Registered Agent/Office  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 400002461 744- -03/19/98--01023--001 ****188.75 ****188.75 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
M	QUALITY HOME RESTORATI	806 WEST COLUMBUS DR		TAMPA FL	
M	OWENS, BOB F	806 WEST COLUMBUS DRIVE		TAMPA FL	
M	OWENS, JANELLE M	806 WEST COLUMBUS DRIVE		TAMPA FL	
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3) (l), 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: 		Bob F. Owen		3/3/98 813-80289	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	