


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L93000000129			
ALPHA SEVEN LIMITED COMPANY 10936 N. 56TH ST. STE. #202 TEMPLE TERRACE FL 33617		1a. Principal Place of Business Address 10936 N. 56TH ST. STE. #202 TEMPLE TERRACE FL 33617 <i>mwb</i>			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/27/1993	
City & State		City & State		4. FEI Number	
Zip		Zip		59-3199782	
Country		Country		5. Date of Last Report	
				02/22/1996	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
BAKER, JOHN M 806 WEST COLUMBUS DR. TAMPA FL		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	
MEM	QUALITY HOME RESTORATI	806 W. COLUMBUS DR.		TAMPA FL	
MGR	QUALITY HOME RESTORATI	806 W. COLUMBUS DR.		TAMPA FL	
MEM	OWEN, BOB F	C/O 806 W. COLUMBUS DR.		TAMPA FL	
MEM	OWEN, M J	C/O 806 W. COLUMBUS DR.		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 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: Bob F. Owen <i>Bob F. Owen</i> 8/25/97 813/980-2851 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					