


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		DOCUMENT # L93000000129		1a. Principal Place of Business Address	
ALPHA SEVEN LIMITED COMPANY 10936 N. 56TH ST. STE. #202 TEMPLE TERRACE FL 33617				10936 N. 56TH ST. STE. #202 TEMPLE TERRACE FL 33617	
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		3a. State of Formation	
Zip		Zip		FL	
Country		Country		4. FEI Number	
				59-3199782	
				5. Date of Last Report	
				03/31/1997	
				6. Certificate of Status Desired	
				Size Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
BAKER, JOHN M 806 WEST COLUMBUS DR. TAMPA FL		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, etc.			
		City			
		000002461750--8 -03/19/98--01023--004 ***188.75 Code ***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	
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: <u>Bob F. Owen</u> <u>Bob F. Owen</u> 3-13-98 813-980-2857					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date					
Daytime Phone #					