


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L93000000152**

CARPCO, L.C.
9907 WOODBAY DRIVE
TAMPA FL 33626

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1a. Principal Place of Business Address
9907 WOODBAY DRIVE
TAMPA FL 33626

3. Date Organized or Qualified 05/13/1993	3a. State of Formation FL
4. FEI Number 59-3182143	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 04/24/1996	6. Certificate of Status Desired SB 75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
HARRISON, SHAWN E
~~3321 HENDERSON BLVD. TAMPA FL 33609~~
400 N. TAMPA ST.
2625
TAMPA, FL 33602

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. 500002150835
City -04/22/97--01062--014
FL *****203.75

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 Shawn Harrison DATE 4/1/97
(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/M	HARRISON, SHAWN E	16306 ARMSTRONG PLACE	TAMPA FL
MEM	HOPSTADTER, BRENNAN M	540 CANTILLON PARKWAY #2125	ST. PETERSBURG FL
MEM	MATTSON, ERIC B	9907 WOODBAY DRIVE	TAMPA FL
MEM	RODRIGUEZ, JOSEPH	832 VERONICA CIRCLE 725 ASHLEY LANE	OCFEE FL SCHAUMBURG, IL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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: Shawn Harrison SHAWN HARRISON 4/1/97 (813) 307-0510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #