
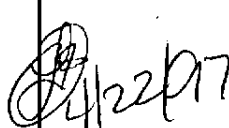
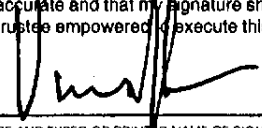


**FILE NOW: Fee after May 1, will be \$588.75**

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>97 APR 21 PM 2:27</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
<b>FILING FEE</b> <b>\$ 203.75</b>		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>FLUORIDE REMOVAL AND TRANSFER SPECIALISTS, L.C.</b> <b>415 PABLO AVE</b> <b>JACKSONVILLE BEACH FL 32250</b>		<b>DOCUMENT #</b> 193000000234  1a. Principal Place of Business Address <b>415 PABLO AVE</b> <b>JACKSONVILLE BEACH FL 32250</b>			
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.		07/22/1993	
City & State		City & State		FL	
Zip		Zip		4. FEI Number	
				59-3191750	
				5. Date of Last Report	
				04/05/1996	
				6. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent	
<b>SHEA, VINCENT J</b> <b>415 PABLO AVE.</b> <b>JACKSONVILLE BEACH FL 32250</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				Suite, Apt. #, etc.	
				City	
				Zip Code	
				<b>FL</b>	
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)</small>					
10. Title	Managing Members/Managers		Business Street Address		City, State and Zip Code
MEM	KOLODZIEJ, DEBORAH		19 FAIRVIEW DRIVE		SOUTHBOROUGH MA
MGR	SHEA, VINCENT J		13600 EMERALD COVE CT.		JACKSONVILLE FL
					<b>200002152402--8</b> <b>-04/23/97--01092--028</b> <b>*****203.75 *****203.75</b>
					
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.					
<b>SIGNATURE:</b>  <b>VINCENT J SHEA</b> <b>4/27/97</b> <b>904 241 1200</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					