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 Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS**

FILED

| | | | | | | | | 98 APR 15 AM 9: 12 | | | |
|--|--|-----------------------|----------------------|-------------------------|---------|---------------------------|--|----------------------|------------------------|-----------------------|--|
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee | | | | | | | CLODE: | | | | |
| \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | | | TALL RETARY OF STATE | | | | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L93000000259 | | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | |
| O.Com. Sans American | | | | | | | 1a. Principal Place of Business Address | | | | |
| | | ND 4TH, L. | C. | | | | | | | | |
| 5514 PARK BLVD. | | | | | | | 5514 PARK BLVD. | | | | |
| PINELLAS PARK FL 34665 | | | | | | | PINELLAS PARK FL 34665 | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2. Principal Place of Business 2a. Maili | | | | ng Address | | | 3. Date Organized or Qualified | | 3a. State of Formation | | |
| Duling And High | | | | t tt oto | | | 08/13/1993 | | 1 77 | | |
| Suite, Apt. #, etc. Suite, | | | | pt. #, etc. | | | 08/13/1993 4. FEI Number | | FL_ | | |
| City & State City & St | | | | oto | | | Applied For | | | Applied For | |
| City & State City & | | | | tale | | | 59-3197 | 079 | | Not Applicable | |
| Zip Country | | | Zip | | Countr | | 5. Date of Last Report | | 6. Certific | ate of Status Desired | |
| ₽ ip | | Coontry | Zip | [` | Counti | у | | | S8.75 Addit | tional Fee Required | |
| 7. Name and Address of Current | | | 1 | | | 03/26/ | | 1997 | | | |
| | 7. Name | and Address of Cur | rent Registered | Agent 8. | | | Name and Address of New Registered | | | VOffice | |
| WINGS TARREST TO THE PARTY OF T | | | | | | Name | | | | | |
| ENGLANDER, LEONARD S | | | | | | | s (P.O. Box Number is Not Acceptable) | | | | |
| 5959 CENTRAL AVE. SUITE 201 | | | | | | | 0000024984908 | | | | |
| ST. PETERSBURG FL | | | | | | | | | | | |
| OT: THERMODONG IN | | | | | | ****188.75 ****188.75 | | | | | |
| | | | | | | City Zip Code | | | | | |
| | | | | | | - | | 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 number 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. | | | | | | | | | | | |
| as regional agoni, and absolutio conganions. | | | | | | | | | | | |
| SIGNATU | RE | (Reputered Appel Acce | uting Appointment /h | OTE Banislaved Apont | nimonta | san und ution is noted as | I | DATE | | | |
| (Registered Agent Accepting Appointment) (N | | | | Business Street Address | | | <u> </u> | City | State and Zip Code | | |
| | Mignighily memberowaliagers | | | | | 35 30000 7000055 | | City, | State and Z | ip Code | |
| | | | | | | | | | | | |
| MGR | BRODERICK, SEAN MICHAE 5514 PARK B | | | | | BOILEVAR | D | PINETT | AC DA | . זים אם | |
| | The state of the s | | | | | | | PINELLAS PARK FL | | | |
| MGR | TAPPAN, RICHARD A 10 COREY A | | | | | VENUE | | ST. PETERSBURG BEACH | | | |
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11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther 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: