

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 MAR -9 AM 10:24

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company **DOCUMENT # L93000000274**

THOMAS INVESTMENTS, I.C.
 9905 CLINT MOORE RD.
 BOCA RATON FL 33496

1a. Principal Place of Business Address

9905 CLINT MOORE RD.
 BOCA RATON FL 33496

2 Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/24/1993	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		65-0431454	
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
				03/02/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

HCRM CORP.,
 2200 CORPORATE BLVD. N.W.
 SUITE 401
 BOCA RATON FL 33431

8. Name and Address of New Registered Agent/Office

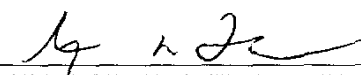
Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, etc. ~~100002801041~~
 City ~~03/10/99 -01060 -013~~
 State ~~***188.75~~ ~~***188.75~~
 Zip Code ~~FL~~

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 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 changing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	THOMAS, JOHN J JR.	9905 CLINT MOORE RD.	BOCA RATON FL
MGR	THOMAS, STEPHEN M	9905 CLINT MOORE RD.	BOCA RATON FL

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:  **STEPHEN M THOMAS** 2/20/99 920-482-1111