
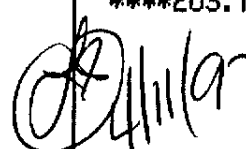


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR 11 PM 2:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA													
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE															
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 93000000328 JIM FRANKLIN'S QUICK PICK-UP AND DELIVERY, I.C. 515 APOLLO BEACH BLVD. APOLLO BEACH FL 33572		1a. Principal Place of Business Address 515 APOLLO BEACH BLVD. APOLLO BEACH FL 33572															
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>																	
2. Principal Place of Business Same AS ABOVE <small>Suite, Apt. #, etc.</small>		2a. Mailing Address Same AS ABOVE <small>Suite, Apt. #, etc.</small>		3. Date Organized or Qualified 09/30/1993													
City & State		City & State		3a. State of Formation FL													
Zip		Zip		4. FEI Number 59-3206212													
Country		Country		5. Date of Last Report 03/27/1996													
7. Name and Address of Current Registered Agent FRANKLIN, JAMES M 515 APOLLO BEACH BLVD. APOLLO BEACH FL 33572		6. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code															
8. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Additional Fee Required																	
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 reinstating)</small>																	
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 5%;">10. Title</td><td style="width: 30%;">Managing Members/Managers</td><td style="width: 30%;">Business Street Address</td><td style="width: 35%;">City, State and Zip Code</td></tr><tr><td>MEM</td><td>FRANKLIN, JAMES M</td><td>515 APOLLO BEACH BLVD.</td><td>APOLLO BEACH FL</td></tr><tr><td>MEM</td><td>FRANKLIN, SARAH J</td><td>515 APOLLO BEACH BLVD.</td><td>APOLLO BEACH FL</td></tr></table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MEM	FRANKLIN, JAMES M	515 APOLLO BEACH BLVD.	APOLLO BEACH FL	MEM	FRANKLIN, SARAH J	515 APOLLO BEACH BLVD.	APOLLO BEACH FL
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9000002143259--9 -04/15/97--01026--004 ****203.75 ****203.75 																	
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>James M. Franklin (James M. FRANKLIN)</u> <u>4/8/97</u> <u>813-641-2351</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>																	