
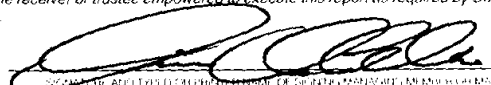


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 26 AM 10: 17

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		3. Date Organized or Qualified 11/24/1993	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L93000000416 WILSTER EQUITY COMPANY, L.C. 712 U.S. HIGHWAY ONE VILLAGE OF NORTH PALM BEACH FL 33408		2a. Principal Place of Business Address 712 U.S. HIGHWAY ONE VILLAGE OF NORTH PALM BEACH		3a. State of Formation FL	
2. Principal Place of Business Suite, Apt #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt #, etc. City & State Zip Country		4. FET Number 65-0469933 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent COHEN, FRED C 712 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 600002858246-2 Suite, Apt #, etc. -04/30/99-01066-016 ****188.75 ****188.75 City FL Zip Code 164			
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 _____)					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGRM	DELELLIS, DINO P	91 COMMISSIONERS RD. EAST	LONDON, ONTARIO, CAN		
MGRM	DELELLIS, JILL	91 COMMISSIONERS RD. EAST	LONDON, ONTARIO, CAN		
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: 		APRIL 19 (915) 693-8550			