
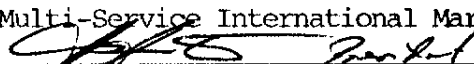


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		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>DOCUMENT #</b> L94000000186			
RENDATA HOBE SOUND L.C. 10649 AVENUE OF PGA PALM BEACH GARDENS FL 33418		1a. Principal Place of Business Address 10649 AVENUE OF PGA PALM BEACH GARDENS FL 33418			
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.		05/02/1994	
City & State		City & State		FL	
Zip		Country		4. FEI Number	
				65-0486766	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				09/13/1996	
				6. Certificate of Status Desired	
				SB 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
KLEINFELD, MARK B & JONES FOSTER JOHNSTON & STUBBS P.A. 505 SOUTH FLAGLER DR., SUITE 1100 WEST PALM BEACH FL 33401		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 700002097667-9 -02/25/97--01148--024 City ****203.75 ****203.75 FL Zip Code			
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 reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	MULTI-SERVICE INT'L ,	777 S. FLAGLER DR., 8TH FL		WEST PALM BEACH FL	
MEM	RENDATA LIMITED PART,	777 S FLAGLER DR., 8TH F		WEST PALM BEACH 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.					
Multi-Service International Marketing & Consulting, Inc., Member					
<b>SIGNATURE:</b>  HAROLD J. HOLDER, President					
625-0999					
Date _____ Daytime Phone # _____					