
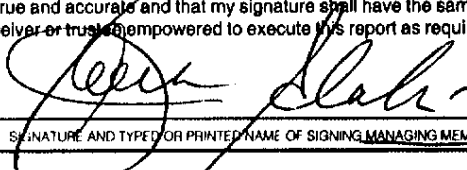


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAR -4 AM 7:43 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 #L94000000449 PARK CENTRAL COMMUNICATIONS, L.C. 5009 PARK CENTRAL DR ORLANDO FL 32839 <small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>					1a. Principal Place of Business Address 5009 PARK CENTRAL DR ORLANDO FL 32839
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 09/08/1994 3a. State of Formation FL 4. FEI Number 59-3277193 5. Date of Last Report 04/15/1996 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent KANTOR, HAL H 215 N EOLA DR ORLANDO FL 32801			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: right;">FL</div>		
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>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	PARK CENTRAL, PROPERT,	5009 PARK CENTRAL DR		ORLANDO FL	
MEM	ROFFEY, LUCAS E A	20 SHEPPARD SQUARE		WILLOWDALE ONTARIO CA	
MEM	SLATER, JOEL K	5009 PARK CENTRAL DR		ORLANDO FL	
MEM	SKELLEY, JEANNIE L	5009 PARK CENTRAL DR		ORLANDO FL	
300002104883--7 -03/05/97--01062--002 ****203.75 ****203.75 JB3-4-97					
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:  JOEL K. SLATER 2/17/97 407-851-6252 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>					