


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		FILED 99 APR 11: 45 POSTED 3/19/99	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000717 D'CLASE CUTTING SERVICES, L.C. 9324 NW 102 ST MEDLEY FL 33178		1a. Principal Place of Business Address 9324 NW 102 ST MEDLEY FL 33178			
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 12/28/1994 3a. State of Formation FL 4. FEI Number 65-0549116 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 03/06/1998 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent SELVIDGE, GARY 9324 NW 102 ST MEDLEY FL 33178			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code		
			400002840674--E --04/15/99 --01093--023 ****188.75 ****188.75 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 _____)		
(The Registered Agent Accepting Appointment) (FEI) (Registered Agent Signature) (Signature of Member or Manager)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	SELVIDGE, GARY	9324 NW 102 ST		MEDLEY FL	
		PA CKNO PAID CKNO DATE 10169 3/23/99		dec	

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:

SIGNATURE AND TYPE PRINTED NAME OF CURRENT MANAGING MEMBER OR MANAGER