
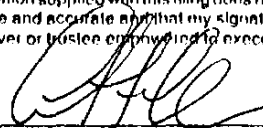


2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	FILED 97 OCT -9 PM 12:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA
FILING FEE \$ 588.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		DOCUMENT # L94000000723	
1. Name and Mailing Address of Limited Liability Company OVERNIGHT SENSATION L.C. 1237 PARK AVE. ORANGE PARK FL 32073		1a. Principal Place of Business Address 1237 PARK AVE. ORANGE PARK FL 32073	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
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 59-3284061	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 05/01/1996	6. Certificate of Status Desired <input type="checkbox"/> \$0.75 Additional Fee Required
7. Name and Address of Current Registered Agent PARK, EUGENE G 1301 RIVERPLACE BLVD. STE. 1609 JACKSONVILLE FL 32207		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code 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 _____	
(Registered Agent Accepting Appointment) (R/A) (Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	JOHNSON, STACY W	101 25TH AVENUE SOUTH, #J6	JACKSONVILLE FL
MGRM	GERMANI, GINA M	101 25TH AVENUE SOUTH, #J6	JACKSONVILLE FL
MGRM	CAKE, ARTHUR F	5613 E HAWTHORNE	TUCSON AZ
MGRM	GRAHAM, STEVEN L	1380 E PLACITA MAPACHE	TUCSON AZ
			000002316890--9 -10/09/97--01135--001 *****588.75 *****588.75
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: 		10-06-97	904-278-9040
SIGNATURE AND TITLE OF REGISTERED AGENT OR SIGNING MANAGER OR MANAGER		Date	Daytime Phone #