
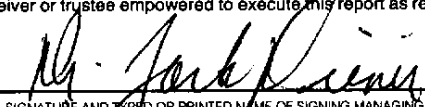


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 FEB 17 AM 8:25 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 IDAJAC, L.C. 4040 W. PALMAIRE DRIVE #105 POMPANO BEACH FL 33069		DOCUMENT # L94000000728 1a. Principal Place of Business Address 4040 W. PALMAIRE DRIVE #105 POMPANO BEACH FL 33069			
2. Principal Place of Business <i>same</i>		2a. Mailing Address		3. Date Organized or Qualified 12/27/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FL	
City & State		City & State		4. FEI Number 38-7129294	
Zip		Zip		5. Date of Last Report 02/09/1996	
Country		Country		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent DIENER, JACK 4040 W. PALMAIRE DRIVE #105 POMPANO BEACH FL 33069				8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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 _____ <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	
MGRM	JACK DIENER, LIVING TR	4040 W. PALMAIRE DRIVE #105		POMPANO BEACH FL	
400002092314--6 -02/19/97--01085--012 ****203.75 ****203.75 JB2-18-97					
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: 		DR. JACK DIENER 4040 PALMAIRE DR. W. #105 POMPANO BEACH, FL 33069			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Daytime Phone #</small>			