


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAR 23 PM 3:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 WILUSZ & REED, P.L. P.O. BOX 846 FT WALTON BEACH FL 32549-0846		DOCUMENT # L95000000017		1a. Principal Place of Business Address 151 MARY ESTHER BLVD. SUITE 403 MARY ESTHER FL 32569	
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 01/01/1995 3a. State of Formation FL 4. FEI Number 59-3310711 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 01/27/1997 6. Certificate of Status Desired 800002466838-8 -03/24/98-01085-007 ***188.75 ****188.75 <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent FLEET, H B 1201 EGLIN PARKWAY SHALIMAR FL 32579		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 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MNG	WILUSZ, BEVERLY	221 DOMINICA CIRCLE EAST		NICEVILLE FL	
MEMR	EED, ANGIE	1222 EMERALD BAY DR.		DESTIN 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.					

SIGNATURE: _____

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #