


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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  99 APR 20 AM 11:32	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee <b>\$ 188.75</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company <b>WILUSZ &amp; REED, P.L.</b> P.O. BOX 846 FT WALTON BEACH FL 32549-0846			DOCUMENT # L95000000017 <div style="position: absolute; left: 440px; top: 320px; font-family: cursive;">       94-A2        CM     </div>		
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 <b>01/01/1995</b> 4. FEI Number <b>59-3310711</b> 5. Date of Last Report <b>03/23/1998</b>	
				3a. State of Formation <b>FL</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent <b>FLEET, H B</b> <b>1201 EGLIN PARKWAY</b> <b>SHALIMAR FL 32579</b>			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: center;"><b>FL</b></div> 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 _____					
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	
				3000002857863-0 04/30/99-01047-003 ****188.75 ****188.75	

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: \_\_\_\_\_

3/2/99 (502) 4-2241  
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