


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #L95000000036</b>			
PERMACLAD PRODUCTS LIMITED COMPANY 9853 TAMiami TRAIL NORTH SUITE 210 NAPLES FL 33963		1a. Principal Place of Business Address 9853 TAMiami TRAIL NORTH SUITE 210 NAPLES FL 33963 <i>mwp</i>			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/13/1995	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0545496	
Country		Country		5. Date of Last Report	
				03/18/1996	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
PAJACZKOWSKI, TONY 1695 BERMUDA GREENS BLVD. UNIT D7 NAPLES FL 33942		Name <b>PAJACZKOWSKI TONY</b> Street Address (P.O. Box Number is Not Acceptable) <b>2112 IMPERIAL CIRCLE</b> Suite, Apt. #, etc. City <b>NAPLES</b> Zip Code <b>FL 34110</b>			
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 <i>T. Pajaczkowski</i> DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	PAJACZKOWSKI, TONY	<del>1695 BERMUDA GREENS BLVD.,</del> <b>2112 IMPERIAL CIRCLE</b>		<del>NAPLES FL 33942</del> <b>34110</b>	
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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: <i>Tony Pajaczkowski</i> <i>T. Pajaczkowski</i> <b>941-592-1053</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					