subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE **Katherine Harris** FILED ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 MAR TO AMID: 56 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETANT OF SERVICE
TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT # L95000000172** 1a. Principal Place of Business Address FIDELITY FINANCIAL SERVICES, L.C. 2750 NORTH 29TH AVE., STE. 209 2750 NORTH 29TH AVE., STE. 2 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 03/06/1995 FLSuite Apt #, etc. Suite Apt. #. etc. 4. FEI Number Applied For City & State City & State 65-0577624 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Žφ Country \$8.75 Additional Fee Required 06/08/1998

File on or before May 1, 1999 or Limited Liability Company will be

7. Name and Address of Current Registered Agent

2750 NORTH 29TH AVE., STE. 209

HALL, FRANK JR.

HOLLYWOOD FL 33020

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. Thereby accept the appointment as registered agent, and accept the obligations

Suite, Apt #, etc

SIGNATURE (Registered Agent Accepting Appointment). (Notite Registered April Engrature regions Latin remotating).

10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM HALL, FRANK JR. 2750 N. 29 AVE., STE. 209 HOLLYWOOD FL

MGRM HALL, FRANK 2750 N. 29 AVE., STE. 209 HOLLYWOOD FL

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Zip Code

8. Name and Address of New Registered Agent/Office

Street Address (P.O. Box Number is Not Acceptable)

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. Hurther 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

			apter 608, Florida Statutes; and that my name a	
attachment with an address.				
SIGNATURE:	Jul (ley	FRANK HALL, JA	3/8/99	
·	SIGNATURE AND TYPE CORPRINTED NAME OF SIGNAL MANAGRIC MEMBER OR MARKS R		pole free	[telt on Provid #

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