


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 Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 SCHEPER INTERACTIVES L.C. 10266 REBEL CIRCLE TALLAHASSEE FL 32311		DOCUMENT # L95000000189			
2. Principal Place of Business 10266 Rebel Circle Suite, Apt. #, etc.		2a. Mailing Address 10266 Rebel Circle Suite, Apt. #, etc.		3. Date Organized or Qualified 03/08/1995	
City & State Tallahassee FL		City & State Tallahassee FL		3a. State of Formation FL	
Zip 32311		Country USA		4. FEI Number 59-3304250	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 05/15/1998	
				6. Certificate of Status Desired <input type="checkbox"/> SH /S Additional Fee Request	
7. Name and Address of Current Registered Agent SCHEPER, JOHN S RT. 5, BOX 4225 10266 REBEL CIRCLE TALLAHASSEE FL 32311				8. Name and Address of New Registered Agent/Office 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 _____ (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	
MGRM	SCHEPER, JOHN S	10266 REBEL CIRCLE		TALLAHASSEE FL	
MGRM	ZERKY, JOHN H	10266 REBEL CIRCLE		TALLAHASSEE FL	
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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: <u>John H. Zerky</u> JOHN H. ZERKY 8-19-99 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					