


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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  98 APR 20 PM 1:19  4/21	
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		DOCUMENT # L95000000336		1a. Principal Place of Business Address	
ALLIANCE WORKS L.C. <del>C/O FRANK J. KONDAS</del> <del>2799 COUNTRY WOODS LN</del> <del>PALM HARBOUR FL 34683</del>		C/O ROMAN W. LOMNYCKYJ 2525 GULF OF MEXICO DR APT 3F LONGBOAT KEY, FL 34228		C/O FRANK J. KONDAS 2799 COUNTRY WOODS LN PALM HARBOUR FL 34683	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/27/1995	
City & State		City & State		FL	
Zip		Country		4. FEI Number	
				59-3312037	
				5. Date of Last Report	
				04/16/1997	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
KONDAS, FRANK J 2799 COUNTRY WOODS LN PALM HARBOUR FL 34683		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 _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title		Managing Members/Managers		Business Street Address	
MGRM		LOMNYCKYJ, ROMAN		266 MICHIGAN RD	
				NEW CANAAN CT	
				800002503548--8 -04/28/98--01096--007 ****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: <u>RW Lomnycky</u> ROMAN W. LOMNYCKYJ 4/15/98 (203) 967-3969					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					