


2nd and FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUL 31 PM 2:46

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 588.75	Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company CHUCK-HUB, L.C. 228 S.W. 21ST TERRACE FORT LAUDERDALE FL 33312	DOCUMENT # L95000000344
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1a. Principal Place of Business Address 228 S.W. 21ST TERRACE FORT LAUDERDALE FL 33312
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2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified 05/01/1995	3a. State of Formation FL
4. FEI Number 65-0601813	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 03/10/1997	6. Certificate of Status Desired SB 75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent AUSTIN, SCOTT R ESQ. C/O HOUSTON & SHAHADY, P.A. 100 N.E. THIRD AVENUE STE 850 FT LAUDERDALE FL 33301

8. Name and Address of New Registered Agent/Office	
Name	
Street Address (P.O. Box Number is Not Acceptable)	600002608706--8
Suite, Apt. #, etc.	-08705738--01122--004 ***588.75 ***588.75
City	FL
Zip Code	33301

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	City, State and Zip Code
MGR	LINDEMANN, DAVID H	228 S.W. 21ST TERRACE	FORT LAUDERDALE FL
MGR	LINDEMANN, TODD	228 S.W. 21ST TERRACE	FORT LAUDERDALE FL
MGR	LINDEMANN, HAROLD II	228 S.W. 21ST TERRACE	FORT LAUDERDALE FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (j), 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: *Harold E. Lindemann II* 7/29/98 954-587-4541