

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

L9500000376

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 14 AM 9:53

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILING FEE \$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L95000000376

VGS SYSTEMS ENGINEERING FLORIDA L.C.
7680 REPUBLIC DR
STE 170
ORLANDO FL 32819

1a. Principal Place of Business Address

7680 REPUBLIC DR
STE 170
ORLANDO FL 32819

2. Principal Place of Business		2a. Mailing Address	
7680 UNIVERSAL BLVD Suite, Apt. #, etc. 170 City & State ORLANDO, FL Zip 32819 Country USA		7680 UNIVERSAL BLVD Suite, Apt. #, etc. 170 City & State ORLANDO, FL Zip 32819 Country USA	

3. Date Organized or Qualified	3a. State of Formation
05/16/1995	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59-3314159	
5. Date of Last Report	6. Certificate of Status Desired
02/17/1997	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

SIMMONS, CLEATUS J
215 NORTH EOLA DRIVE
ORLANDO FL 32801

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code
FL

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	MORO, PAOLO	45 MARESFIELD GARDENS	HAMPSTEAD NW3 STE EN
MGRM	GANNA, RODOLFO	9133 BAYWARD COURT	ORLANDO FL

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****688.75 ****688.75

REINSTATEMENT 98 CM

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: *Almond M. Carlson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date _____ Daytime Phone # _____