File on or before May 1, 1999 or Limited	d Liability Company will be		
LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L95000000386 RESPONSE REWARD SYSTEMS L.C. 945 TREASURE LANE VERO BEACH FL 32963		FILED 99 FEB 24 AM 9: 55	
VON KOHORN, HENRY 945 TREASURE LANE VERO BEACH FL 32963 9. Pursuant to the provisions of Sections 608.416 and 608.50f its registered office or registered agent, or both, in the State of Fix as registered agent, and accept the obligations SIGNATURE MAN Ey VIN K	Name HENRY Street Address (P Suite, Apt. #, etc.) City WERD (E B, Florida Statutes, the above named limited brida. Such change was authorized by affirmated. Address:	NON KOHORI O. Box Number is Not Acceptal THE AS URE LA BEACH Itability company submits this state ive vote of a majority of the member	Zip Code 3 2 9 6 3
10. Title Managing Members/Managers MGRM VON KOHORN, HENRY	Business Street Address 945 TREASURE LANE	City	State and Zip Code
		1 +03/0	? `r`\$ (\$ (\$ (\$ 5 0) \$ 9/3901081020 188.7\$ ****188.7\$
11 I do hereby certify that the information supplied with this filing indicated on this annual report is true and accurate and that my limited liability company or the receiver or trustee empowered to attachment with an address.	signature shall have the same legal effect as	if made under oath; that I am a ma	naging member or manager of the
SIGNATURE: Muscy Von	rane a sucrementaria de manera de manera de	2/17/99	1561 234 5440 Dayling Proping #