


FILE NOW: Fee after May 1, will be \$588.75

FILED **JAN 26 1997**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company
DOCUMENT #L95000000441

GLOBAL RESEARCH INNOVATIONS, L.C.
 6716 N.W. 11TH PLACE
 SUITE F
 GAINESVILLE FL 32605

1a. Principal Place of Business Address

5120 N. CENTRAL AVE.
 PHOENIX AZ 85012

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/08/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For
Zip		Country		59-3324436	<input type="checkbox"/> Not Applicable
				5. Date of Last Report	6. Certificate of Status Desired
				04/08/1996	<input type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent

LOWERY, GARY L
 6716 N.W. 11TH PLACE
 STE. F
 GAINESVILLE FL 32605

8. Name and Address of New Registered Agent

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 _____ 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
MEM	LOWERY, GARY L	6716 NW 11 PLACE, STE. F	GAINESVILLE FL
MEM	MUSSALLEM, JAMES	5120 N CENTRAL AVE	PHOENIX AZ
			300002127483--9 -03/28/97--01110--001 ***203.75 ***203.75
JB3-20-97			

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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: Sandy L. Lowery M.D., Ph.D. 2/28/97 (352) 331-5369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #