


LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



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

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L950000000449

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business	2a. Mailing Address
---------------------------------------	----------------------------

7. Name and Address of Current Registered Agent	
KASS, STEVEN A 441 NW 189TH TERRACE PEMBROKE PINES FL 33029	Name
	Street Address (P
	Suite, Apt. #, etc.
	City

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when retaking)

10. Title	Managing Member/Managers	Business Street Address	City, State and Zip Code
MGR	KASS, STEVEN A.	1632 PENNSYLVANIA AVE SUIT	MIAMI BEACH FL

SIGNATURE: STEVEN A KASS Y-197 800-351-1138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER _____ Date _____ Daytime Phone # _____