

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

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AND
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97 FEB -7 PM 2:51

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 #L95000000605

RALPH A. MORTON, JR., L.C.
2240 DONATO DRIVE
BELLEAIR BEACH FL 34634

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

1a. Principal Place of Business Address

2240 DONATO DRIVE
BELLEAIR BEACH FL 34634

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	08/04/1995	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	59-3330463	
		5. Date of Last Report	6. Certificate of Status Desired
		04/05/1996	<input type="checkbox"/> SR - Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

LOGAN, FRANK C
121 NORTH OSCEOLA AVENUE STE 300
CLEARWATER FL 34615

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

900002086089--7
-02/13/97-01005-014
203.75

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
MGRM	MORTON, RALPH A JR	2240 DONATO DRIVE	BELLEAIR BEACH FL
MEM	MORTON, RALPH A III	2240 DONATO DRIVE	BELLEAIR BEACH FL

J. Alan
2/7/97

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: *Ralph A. Morton SR* *Ralph A. Morton* *2/5/97* *813 593-9202*

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