


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

APPROVED
AND
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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 #** 195000000625

YORK & ASSOCIATES, L.C.
3102 - W. HORATIO, #17
TAMPA FL 33609

1a. Principal Place of Business Address

3102 - W. HORATIO, #17
TAMPA FL 33609

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		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/14/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		59-3330749	
				6. Date of Last Report	6. Certificate of Status Desired
				05/01/1996	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

YORK, FELECIA G
3102 - W. HORATIO
SUITE 17
TAMPA FL 33609

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. ~~8000002255568--6~~
City ~~-08/01/97--01115--001~~
~~****203.75 ****203.75~~
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	YORK, FELECIA G	P.O. BOX 27254 NA	TAMPA FL
MEM	COMERFORD, MARY	17 MANSFIELD PL. DOLLARD-D	QC H9G 2B3 CANADA
MEM	GRAMMEL, CYNDI	671 CRESCENTVILLE RD.	CINCINNATI OH
MEM	STELLINGWORTH, SHARON	P.O. BOX 270368 NA	WEST HARTFORD CT

A. Alfano
7/29/97

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date 4-11-97
Daytime Phone #