


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT # L95000000625</b>			
YORK & ASSOCIATES, L.C. 3102 - W. HORATIO, #17 TAMPA FL 33609		1a. Principal Place of Business Address  3102 - W. HORATIO, #17 TAMPA FL 33609			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/14/1995	
City & State		City & State		3a. State of Formation <b>FL</b>	
Zip		Zip		4. FEI Number 59-3330749	
Country		Country		5. Date of Last Report 07/29/1997	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
YORK, FELECIA G 3102 - W. HORATIO SUITE 17 TAMPA FL 33609		Name  Street Address (P.O. Box Number is Not Acceptable) 600002515556--9 Suite, Apt. #, etc. -05/07/98--01082--014 ****188.75 ****188.75 City <b>FL</b> Zip Code			
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
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	

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

Daytime Phone #