


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
97 FEB 10 AM 10:59
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 #L95000000676
STANLEY METAL ASSOCIATES, L.C. 5100 TOWN CENTER CIRCLE, STE. 425 BOCA RATON FL 33486	
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
5100 TOWN CENTER CIRCLE, STE. BOCA RATON FL 33486

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	09/01/1995	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
		03/11/1996	State Continued Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MILLER, STANLEY T	5100 TOWN CENTER CIRCLE, S	BOCA RATON FL
MGR	MILLER, VERA	5100 TOWN CENTER CIRCLE, S	BOCA RATON FL
MGR	FRIEDMAN, DAVID	5100 TOWN CENTER CIRCLE, S	BOCA RATON FL
MGR	WEINER, STEWART	5100 TOWN CENTER CIRCLE	BOCA RATON FL
			200002086062--1 -02/13/97--01003--014 ****203.75 ****203.75
			362-11-97

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: **STEWART WEINER**

SIGNATURE:  **2/7/97 (SW) 395-9848**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date Daytime Phone #