


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</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company  <b>MRI SERVICES, L.C.</b> <b>P.O. BOX 1186</b> <b>TAMPA FL 33601</b>		<b>DOCUMENT #</b> L95000000693	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	
3. Date Organized or Qualified  08/25/1995		3a. State of Formation  FL	
4. FEI Number  59-3344289		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report  05/01/1997		6. Certificate of Status Desired  \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  <b>MCCOSKRIE, JOHN H</b> <b>3304 W. HARBORVIEW AVENUE</b> <b>TAMPA FL 33611</b>		8. Name and Address of New Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable) <b>4880 Bay Heron Place</b> Suite, Apt. #, etc. <b>Apt. # 221</b> City <b>Tampa</b> Zip Code <b>FL 33616</b>	
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	<b>Bergmann, Frederick J.</b>	<b>4880 Bay Heron Place Apt. 221</b>	<b>TAMPA FL 33616</b>
MGRM	<b>FJB HOLDINGS, LTD.</b>	<b>3304 W. HARBORVIEW AVENUE</b>	<b>TAMPA FL 33616</b>
MGRM	<b>MCCOSKRIE, JOHN H</b>	<b>3304 W. HARBORVIEW AVENUE</b> <b>4880 Bay Heron Place Apt. 221</b>	<b>TAMPA FL 33616</b>
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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 TYPE (OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

*John H. McCaskrie* John H. McCaskrie

4-23-98 (813) 381-1674