


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

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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 SHEARER CONTROLS, FLORIDA L.L.C. 621 THOMAS ROAD EIGHTY FOUR PA 15330	DOCUMENT # L95000000936
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1a. Principal Place of Business Address 15 PINE GLEN DRIVE DEBARY FL 32713
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 4370 S. Tamiami Trail Suite, Apt. #, etc. Suite 160 City & State Sarasota, FL Zip 34231	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Sarasota	3. Date Organized or Qualified 12/04/1995	3a. State of Formation FL
		4. FEI Number 59-3374902 APPLIED FOR	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 04/22/1996	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent MATTESON, LARRY E 15 PINE GLEN DRIVE DEBARY FL 32713	8. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 4370 S. Tamiami Trail Suite, Apt. #, etc. Suite 160 City Sarasota Zip Code FL 34231
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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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SHEARER, BRADFORD D	621 THOMAS ROAD	EIGHTY FOUR PA
			400002137734--2 -04/09/97--01063--007 ****212.50 ****212.50
			<i>A. Alan</i> <i>4/4/97</i>

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: *Bradford D. Shearer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
2/26/97 (412) 945-6111
Daytime Phone #