


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

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97 APR -4 PM 12:39

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 # L95000000936

SHEARER CONTROLS, FLORIDA L.L.C.
 621 THOMAS ROAD
 EIGHTY FOUR PA 15330

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

15 PINE GLEN DRIVE
 DEBARY FL 32713

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 Sarasota Zip Country	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 \$8.75 Additional Fee Required <input checked="" type="checkbox"/>		

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

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	SHEARER, BRADFORD D	621 THOMAS ROAD	EIGHTY FOUR PA 400002137734--2 -04/09/97--01063--007 ***212.50 ***212.50 A. Alan 4/4/97

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