
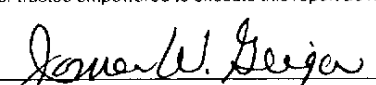


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED MAY -3 PM 5:00 TALLAHASSEE, FL SECRETARY OF STATE	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company PESCO FINANCIAL SERVICES, L.C. POST OFFICE BOX 1600 TALLAHASSEE FL 32302		DOCUMENT # L95000000953 1a. Principal Place of Business Address 1220 E. PARK AVENUE TALLAHASSEE FL 32301			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 12/08/1995 4. FEI Number 59-3348570 5. Date of Last Report 03/30/1998	
3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>			
7. Name and Address of Current Registered Agent PUBLIC EMPLOYEES SERVICES COMPANY, INC. 1220 E. PARK AVENUE TALLAHASSEE FL 32301			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 100002870041 - E Suite, Apt. #, etc. 05/10/93 - 01134 - 022 ****188.75 ****188.75 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) (Not) Registered Agent/Office (Not) Registered Agent/Office					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	TORNILLO, PAT L JR.	118 NO. MONROE STREET		TALLAHASSEE FL	
MGRM	GEIGER, JAMES W	118 NO. MONROE STREET		TALLAHASSEE FL	
MGRM	LEE, ROBERT F	118 NO. MONROE STREET		TALLAHASSEE FL	
MGRM	FRASLICK, GAIL F	ONE MADISON AVENUE		NEW YORK NY delete	
MGRM	MANDEL, RICHARD G	ONE MADISON AVENUE		NEW YORK NY delete	
MGRM	SCHMITTLIN, ALEXANDER G	ONE MADISON AVENUE		NEW YORK NY delete	
					
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: _____		4/30/99		850/425-1100	