


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		FILED 97 FEB 10 PM 3:53 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			
1. Name and Mailing Address of Limited Liability Company PANHANDLE IMPORTS, L.C. 5133 TEAKWOOD DR 214 SHETLAND CT PENSACOLA FL 32506 Pensacola, Fla 32506		DOCUMENT #L96000000033			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business 1487 S. Fairfield Rd. Suite, Apt. #, etc.		2a. Mailing Address 214 SHETLAND CT. Suite, Apt. #, etc.		3. Date Organized or Qualified 01/05/1996	
City & State PENSACOLA		City & State PENSACOLA		3a. State of Formation FL	
Zip 32506		Country FLA		4. FEI Number 59-3419997	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 1996	
				6. Certificate of Status Desired <input type="checkbox"/> State of Florida Required	
7. Name and Address of Current Registered Agent DAVES, PERRY R CATHERINE BLACK 5133 TEAKWOOD DR 214 SHETLAND CT. PENSACOLA FL 32506 1487 S. Fairfield Pensacola, Fla 32506			8. Name and Address of New Registered Agent Name CATHERINE BLACK Street Address (P.O. Box Number is Not Acceptable) 214 SHETLAND CT. Suite, Apt. #, etc. City PENSACOLA Zip Code FL 32506		
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 Catherine Black (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			DATE 2-6-97		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	WU, CHI KUEN	6 FL FLAT A, SUN FIELD CT-		HOMANTIN KOWLOON, HON	
MGRM	DAVES, PERRY R CATHERINE BLACK	5133 TEAKWOOD DR 214 SHETLAND CT		PENSACOLA FL PENSACOLA FL 32506	
				500002085405--0 -02/12/97--01082--018 ***203.75 ****203.75 2/11/97	
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.					
SIGNATURE: Catherine Black		2-6-97		(904) 455-3975	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	