



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 62 APR 21 PM 5:00 SECRETARY OF STATE TREASURY BUILDING PALM BEACH, FLORIDA	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE		DOCUMENT # L96000000033			
1. Name and Mailing Address of Limited Liability Company PANHANDLE IMPORTS, L.C. 214 SHETLAND CT. PENSACOLA FL 32506			1a. Principal Place of Business Address 1487 S. FAIRFIELD RD PENSACOLA FL 32507		
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 01/05/1996 4. FEI Number 59-3419997 5. Date of Last Report 04/22/1998	
				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent BLACK, CATHERINE 214 SHETLAND CT. PENSACOLA FL 32506			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code		
			000002858790 -04/30/99--01104--011 ****188.75 ****188.75 FL		
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 to be signed by Registered Agent unless he or she is a director)					
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, HO	
MGRM	BLACK, CATHERINE	214 SHETLAND CT.		PENSACOLA FL	
					
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: <u>Catherine Black</u> <u>CATHERINE BLACK</u> <u>3-24-99</u> <u>(850) 458-6001</u>					