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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997	
FILING FEE \$ 203.75	Annual Report : Make Check Paya

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

97 FEB 12 PM 3: 09 DIVISION OF CORPORATIONS \$100.00 + \$103.75 Corporation Supplemental Fee ble To: FLORIDA DEPARTMENT OF STATE CUMENT #<sub>19600000060</sub> 1a. Principal Place of Business Address DIRECT ENTERPRISES, L.C. 4888 WOOD POINTE WAY 888 WOOD POINTE WAY SARASOTA FL 34233 BARASOTA FL 34233 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 3. Date Organized or Qualified 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address **01/16/1996** Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0641198 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zin ak 75 Ad Fhonal Fee Heguire⊄ 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent BOLDSMITH, STANLEY A 1605 MAIN ST, SUITE 1001 SARASOTA FL 34236 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstaling) City, State and Zip Code Managing Members/Managers **Business Street Address** 10. Title MGR HANNA, MAGDI B 4888 WOOD POINTE WAY SARASOTA FL 34233 MGR HANNA, ROBLYN S 4888 WOOD POINTE WAY SARASOTA FL MGR BISHAY, HANY YAW STAIOS GOOM 8884 SARASOTA, FL 34233 600002086986--7 -02/13/97--01067--005 \*\*\*\*203.75 \*\*\*\*203.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

FILED