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

FILING F \$ 203.7 1. Name an of Limited OPI 500 SUI	5 Make Check Payat	100.00 + \$103.75 C DIE TO: FLORID CUMENT LTY, L.C BLVD.	先96000000	ortham State PORATIONS INTEL OF STATE	1a. Principal Pla 500 EAST SUITE 195	97 MAR SECRET TALLAH CO OF BUSINESS A BROWARI	D BLVD.	
·			2a. Mailing Address			ed or Qualified	3a. State of Formation	
City & State	Country		City & State			4. FEI Number		
7260 S.	7. Name and Address of Cur AIR, STEVEN R .W. 7TH STREET FION FL 33317	gent	8. Name and Address of New Registered Agent Name MITCHELL D. ADLER Street Address (P.O. Box Number is Not Acceptable) 500 East Broward Boulevard Suite, Apt. #, etc. Suite 1950					
9. Pursuant its registered as registered SIGNATURE	1 JUST NOW	in the State of Floric s.	rdale liability company s tive vote of a majorif	FL ubmils this state by of the member	Zip Code 33394 ment for the purpose of changing s. I hereby accept the appointment			
10. Title	(Ref Mored Allent Acce	———————— <del>,</del>	TE: Redesped Agent signature required when reinstaling)  Business Street Address		))	City,	State and Zip Code	
MGR KA	AMELHAIR, STEVE	}	<del>260 S.W.71</del> 400 NORTHWE	H STREET ST 74TH AV	ENUE		ION FL 1271360 97-01035005 3.75 ****203.75	
11. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Floride 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 808, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.  SIGNATURE:  Steven R. Kamolhair MAR 2 0 1997 954 997 4924  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Deptime Proces								

INHSE10 R(12-96)

av 3-27-90