


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
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APPROVED
AND
FILED

97 MAR 20 AM 10:33

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
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L96000000071
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ADVANCED OBJECT DYNAMICS, L.C.
350 MAYFAIR CIRCLE EAST
PALM HARBOR FL 34683

1a. Principal Place of Business Address 350 MAYFAIR CIRCLE EAST PALM HARBOR FL 34683
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01/11/1996	FL
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	59-3349296	
		5. Date of Last Report	6. Certificate of Status Desired
			<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent CLARK, JAMES L 201 N. MACDILL AVE. TAMPA FL 33609	8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 100002123521 City 03/25/97-01055-003 Zip Code ****203.75 FL
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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 reinstating)	DATE _____
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10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	JAUFMANN, EDWIN J JR.	350 MAYFAIR CIRCLE EAST	PALM HARBOR FL
MGR	STUDNICKA, STEPHEN J.	350 MAYFAIR CIRCLE EAST	PALM HARBOR FL
MGR	VANDOREN, N. RICHARD	350 MAYFAIR CIRCLE EAST	PALM HARBOR FL
MGR	BELL, B. GAIL	350 MAYFAIR CIRCLE EAST	PALM HARBOR FL

A. Alan
3-20-97

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:  Edwin J. Jaufmann Jr.	3/11/97	813-787-5911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		
Date Daytime Phone #		