
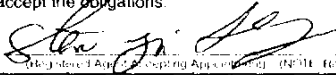



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED													
<b>FILING FEE \$ 188.75</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		99 MAR 12 PM 1:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA															
<b>1 Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT # L96000000300</b> HOFFMAN, LEVY & ASSOCIATES, C.P.A.'S, L.C. 915 MIDDLE RIVER ROAD, SUITE 309 FT. LAUDERDALE FL 33304		<b>1a. Principal Place of Business Address</b> 915 MIDDLE RIVER ROAD, SUITE FT. LAUDERDALE FL 33304															
<b>2 Principal Place of Business</b> 2525 N. STATE RD 7 Suite, Apt. #, etc. SUITE 215 City & State HOLLYWOOD FL		<b>2a. Mailing Address</b> 2525 N. STATE RD 7 Suite, Apt. #, etc. # 215 City & State HOLLYWOOD FL		<b>3. Date Organized or Qualified</b> 03/15/1996 <b>3a. State of Formation</b> FL													
Zip 33021 Country		Zip 33021 Country		<b>4. FEI Number</b> 65-0658539 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable													
<b>7. Name and Address of Current Registered Agent</b> LEVY, STEVEN Z 915 MIDDLE RIVER ROAD, SUITE 309 FT. LAUDERDALE FL 33304		<b>8. Name and Address of New Registered Agent/Office</b> Name LEVY STEVEN Z. Street Address (P.O. Box Number is Not Acceptable) 2525 NORTH STATE ROAD 7 Suite, Apt. #, etc. SUITE 215 City HOLLYWOOD FL Zip Code 33021															
<b>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.</b>																	
SIGNATURE _____				DATE 3/8/99													
<table border="1"> <thead> <tr> <th>10. Title</th> <th>Managing Members/Managers</th> <th>Business Street Address</th> <th>City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>HOFFMAN, SHELDON A</td> <td><del>99 PONDFIELD ROAD</del> 2525 N. STATE RD 7, # 215</td> <td>BRONXVILLE NY Hollywood, FL 33021</td> </tr> <tr> <td>MGRM</td> <td>LEVY, STEVEN Z</td> <td>915 MIDDLE RIVER ROAD, SUITE 309 2525 N. STATE RD 7, # 215</td> <td>FT. LAUDERDALE FL Hollywood, FL 33021</td> </tr> </tbody> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	HOFFMAN, SHELDON A	<del>99 PONDFIELD ROAD</del> 2525 N. STATE RD 7, # 215	BRONXVILLE NY Hollywood, FL 33021	MGRM	LEVY, STEVEN Z	915 MIDDLE RIVER ROAD, SUITE 309 2525 N. STATE RD 7, # 215	FT. LAUDERDALE FL Hollywood, FL 33021
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<b>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.</b>																	
SIGNATURE: _____				Steven Z. Levy 3/8/99 (954) 966-1141													