
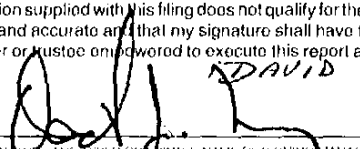


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 90 APR -6 AM 11:28 with 4/8	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000383		1a. Principal Place of Business Address	
SAMKOO SYSTEM INTEGRATION, L.C. 13100 56TH COURT, STE. 701 CLEARWATER FL 34620				13100 56TH COURT, STE. 701 CLEARWATER FL 34620	
2. Principal Place of Business 5555 RESERVE BLVD Suite, Apt. #, etc.		2a. Mailing Address 5555 RESERVE BLVD Suite, Apt. #, etc.		3. Date Organized or Qualified 03/29/1996	
City & State CLEARWATER FL		City & State CLEARWATER FL		3a. State of Formation FL	
Zip 33760		Country USA		4. FEI Number 59-3357548	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 04/18/1997	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
WOLFE, RANDOLPH J 201 FRANKLIN ST., STE. 2100 TAMPA FL 33602			Name Street Address (P.O. Box Number is Not Acceptable) 500002485565 Suite, Apt. #, etc. -04/10/98--01107--021 ****188.75 ****188.75 City FL 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 _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	PARK, K H	13100 56TH COURT, STE. 701		CLEARWATER FL	
MGR	FREY, DAVID J	13100 56TH COURT, STE. 701		CLEARWATER 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)(j), 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: 		DAVID J. FREY		4/3/98 (813) 533 0001	
SIGNATURE AND PRINTED NAME OF SIGNING MANAGER OR MEMBER OR MANAGER		Date:		Daytime Phone #	