
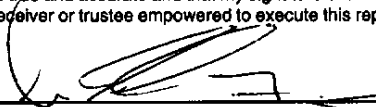


**FILE NOW: Fee after May 1, will be \$588.75**

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1997</b>			<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> <b>\$ 203.75</b>		<b>Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>		
1. Name and Mailing Address of Limited Liability Company  <b>FLIGHTLINE TRADING COMPANY, L.C.</b> <b>7501 PEMBROKE ROAD</b> <b>PEMBROKE PINES FL</b>		<b>DOCUMENT #</b> L96000000385		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		1a. Principal Place of Business Address  7501 PEMBROKE ROAD PEMBROKE PINES FL		
2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		3. Date Organized or Qualified  04/03/1996		3a. State of Formation  FL
4. FEI Number  65-0704319		5. Date of Last Report		
6. Certificate of Status Desired  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		7. Name and Address of Current Registered Agent  CAFLAN, LAWRENCE A ESQ 2424 NORTH FEDERAL HIGHWAY #257 BOCA RATON FL		
8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City      Zip Code  <b>FL</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.		
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____		
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	
MGRM	HONEY, MICHAEL T	6604 VIA REGINA	BOCA RATON FL	
		800002085368--7 -02/12/97--01082--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.				
<b>SIGNATURE:</b>  MICHAEL T. HONEY 1/31/97 (954) 987-1070				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #</small>				