


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAY 12 AM 9:10 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			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L96000000485		1a. Principal Place of Business Address 1322 NW 13th CT 10613 SANTA LAGUNA DRIVE BOCA RATON FL 33431 FL 33486	
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 1322 NW 13th CT		3. Date Organized or Qualified 05/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FL	
City & State		City & State BOCA RATON FL		4. FEI Number 65-0660629	
Zip		Zip 33486		5. Date of Last Report	
Country		Country PAID BY		6. Certificate of Status Desired <input type="checkbox"/> NO ADDITIONAL REQUIRED <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
VETTER, WALTER 10613 SANTA LAGUNA DRIVE 1322 NW 13th CT BOCA RATON FL 33431 33486			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, etc.		
			City		
			FL		
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 reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	VETTER, WALTER	10613 SANTA LAGUNA DRIVE		BOCA RATON FL	
MGR	CANNON, KENNETH F	21404 SUMMER TRACE CIRCLE		BOCA RATON FL	
				400002184034--S -05/19/97--01187--024 ****203.75 ****203.75 JB55-97	
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: _____ April 24, 97 (56) 368703 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					