


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 98 MAR -6 PM 1:13 <i>4/7/9</i>	
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 ART EXPRESS FUNDRAISERS, L.C. P. O. BOX 594 DUNEDIN FL 34697		DOCUMENT # L96000000541		1a. Principal Place of Business Address 1611 SUNSET DRIVE DUNEDIN FL 34615	
2. Principal Place of Business <i>2046 Indigo Terr.</i> Suite, Apt. #, etc. <i>Dunedin, FL</i> City & State		2a. Mailing Address <i>P.O. Box 594</i> Suite, Apt. #, etc. City & State <i>Dunedin, FL</i> Zip <i>34698</i> Country <i>Fla</i>		3. Date Organized or Qualified 05/08/1996 3a. State of Formation FL	
4. FEI Number <i>59-3479961</i> NOT APPLICABLE		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Date of Last Report 02/27/1997 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent WOMBLE, DAVID 1611 SUNSET DRIVE CLEARWATER FL 34615 <i>2046 Indigo Terr.</i> <i>Dunedin, FL.</i> <i>34698</i>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 <i>David Womble</i> DATE <i>March 2, 1998</i> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	WOMBLE, DAVID <i>See above</i>	1611 SUNSET DRIVE		CLEARWATER FL	
MEM	WOMBLE, CAROL	1611 SUNSET DRIVE		CLEARWATER FL	
MEM	HARRIS, CONNIE	921 CHATHAM WAY		PALM HARBOR 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) (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: <i>Connie Y Harris</i> CONNIE Y HARRIS <i>3-3-98</i> <i>813-735-0024</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					

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