


APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 FEB -3 AM 9:27

AND FILED
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

KRYSTLE INFORMATION, LLC
5506 DAKOTA DR.
JACKSONVILLE FL 32209

DOCUMENT # L96000000557

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
Country

3. Date Organized or Qualified
05/01/1996

3a. State of Formation
FL

4. FEI Number
59 3380296

5. Date of Last Report

6. Certificate of Status Desired
S8 7a. Additional Fee Required

7. Name and Address of Current Registered Agent
BAILEY, GEORGE JR.
5506 DAKOTA DR.
JACKSONVILLE FL 32209

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
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 reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BAILEY, GEORGE JR	5506 DAKOTA DR.	JACKSONVILLE FL
MGR	JOHNSON, GWENDOLYN L	5506 DAKOTA DR.	JACKSONVILLE FL
MGR	Weeks, Shelia W.	126 Willowbrook Drive	Bessemer, AL 35023

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: _____ 1/22/97 904 924 9655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date Daytime Phone #