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

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	ABILITY COMPANY		FLORIDA DEP.					
ANN	UAL REPORT 1997			tary of	State		FILE	D
FILING FEE	LING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF ST					97 MAY 15 PM 3: 43		
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L9600000700						SECRETARY OF STATE TALLAHASSEE EL OPIDA  1a. Principal Place of Business Address		
WESCON INTERNATIONAL, L.C.						1a. Principal Place of Business Address		
17757 U.S. 19 NORTH						17757 U.S. 19 NORTH		
SUITE 350 CLEARWATER FL 34624						SUITE 350 CLEARWATER FL 34624		
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. Mail			ailing Address	ing Address			ed or Qualified	3a. State of Formation
13925 58th 5t. N. 139. Suite, Apr #, etc. Suite, A			25 58 th 5f. N. pt. #, etc.			07/01/1996 FL		
								Applied For
City & State City & S			4			59-3386216 Not Applicable		
Clear C	Country Pinellas	<u>ζ</u> / <b>ζ</b>	carwate	Count	<u>-                                    </u>	5. Date of Last	Report	6. Certificate of Status Desired
34620	Pinellas		620	Pin	ellas	<u> </u>		\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent Name						8. Name and Address of New Registered Agent		
SHOVACEK, MARVIN U JR.								
<del>12/15/7_11/15  -  -  -  -  -  -  -  -  -  -  -  -  -</del>					Street Address (	P.O. Box Number	is Not Acceptat	ole)
المستنب والمتعلق المستنا		/3 92 3 Sulte, Apt. #, etc			5 58th St. N.			
					City			Zip Code
5 D	the annuicions of Continue COO 410 a		OO Florido Castuto	o tho o		water		34626
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 shange was authorized by affirmative vote of a majority of the members. I hereby accept the appointment								
as registered agent, and accept the obligations.							DATE 4-	29-97
SIGNATURE _	(Registered Apert Accepting	(ppointment)	(NOTE: Registered Age	ent Bignatur	e required when reinstatin	ng)	DATE	
10. Trile	Managing Members/Manager	S		Busine	ss Street Address		City	, State and Zip Code
MGR GLOVACEK, MARVIN J JR. MGR REICHERT, LOTHAR F			7757 0	17757 U.S. 19 NORTH /3925 5844 54. N. 17757 U.S. 19 NORTH			, STE. CLEARWATER FL	
			17757 11				 CLEARWA	ਆ ਜ਼ਾਹ ਦਾ ਹੈ. ਹਵਾਲੇ ਦਾ ਹੈ
l	[/3			13925 58 14 57. N.			THEARMA	THE PH
MGR ASS				19 NORTH	1, 9TB.	<b>CLEARWA</b>	TER FL	
MGR MAI	KELA, SCOTT	/3925 5914 St. N.			I STE.	CLEARWA	TER FL	
	•		13925	58	# 51. N.			
						10		1839914 /9701187006 12.50 ****212.50
								165-15-97
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 eath; that I am a managing member or manager of the limited liability company or the receiver of the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver of the same legal effect as if made under eath; that I am a managing member or manager of the								
attachment with an address.  SIGNATURE:  SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  Date  Date								