2 nd and File on or before Sept. FINAL NOTICE: dissolved, if dissolved	30, 1998 or Limited Liability i, minimum amount due to re	Company will be instate: \$688.76		
ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		ortham State	SECRETARY OF STATE DIVISION OF CORPORATIONS 98 AUG 13 AM 8: 46	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE				
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9600000700 WESCON INTERNATIONAL, L.C. 13925 58TH ST. N. CLEARWATER FL 34620			1a. Principal Place of Business Address 13925 58TH ST. N. CLEARWATER FL 34620 33760	
2 Principal Place of Business 2a. Malling Address		1	3. Date Organized or Qualified 3a. State of Formation	
Sulte, Apt. #, etc.			07/01/1996 FL 4. FEI Number Applied For	
City & State	City & State		59-3386216	Not Applicable
Zip Country	7 Coun	try	5. Date of Last Report 6. Certificate of Status Desired 88.75 Additional Fee Required	
7. Name and Address of Current	Registered Agent	8. Nar	me and Address of New Regis	tered Agent/Office
SLOVACEK, MARVIN J JR. 13925 58TH SN. CLEARWATER FL 34620 Sulte, Apt. #, e			P.O. Box Number is Not Acceptable) 2000026188621 -08/18/3801030015 ****597.50 ****597.50 Zip Code FL 33760	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited tiability company submitted registered office or registered agent, or both, in the State of Florida Such change was authorized by affirmative vote of a majority of the as registered agent, and accept the obligations. SIGNATURE DATE				
	The quitero Age in FAx cepting Appointment) (#OTE Registered Agent signature requi			State and Zip Code
		H ST. N. H ST. N.	CLEARW	NATER FL.
MGR MAKELA, SCOTT 13925 58TH ST. N.		H-ST. N.	CLEARW	ATER-FL
MGR Debora Rogers 13925 58th St. N.		eth st. N.	Clearwater, FL Clearwater, FL	
Mar J Bob Humphries 13925 58th St. N		e ⁴⁴ St. N.	clearu	pater, FL
11. Edo horoby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this number 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: Debora Togers Debora Togers 6/5/98 535-7999 DICHATURE AND TYPED DICHEMINIC DIME OF SIGNING MANAGING MEMBER OR MANAGER Date Dayling Priorie &				