File on e	or before	May 1, 1999 or 10.00 LATE FEE	Limited	Liabilit	y Com	pany will be					
LIMITED LIABILITY COMPANY ANNUAL REPORT				LORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS			FILED 99 FEB 24 AM 9: 55				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							SECTOR STATE				
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000893								Piran i		{	
COMMUNICATING FOR RESULTS LC 3133 RUM ROW NAPLES FL 34102							1a. Principal Place of Business Address 3133 RUM ROW NAPLES FL 34102				
2 Principal Place of Business 2a. Maili				ing Address			3. Date Organize	d or Qualified	3a. State o	f Formation	
Suite, Apt. #, etc.			Suite An	Suite, Apt. #, etc.			08/19/1	08/19/1996 FL			
							<b>  </b>		Applied For		
City & State City			City & Sta	ity & State			·		Not Applicable		
Zip		Country	Žip		Count	ry	5. Date of Last R 04/22/1	. 1		e of Status Desired	
7. Name and Address of Current Registered				Agent	_	8. 1	Name and Address		ered Agent/	Office	
NAPLES FL 34102 Suite City						Suite, Apt. #, etc.	ity 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. Thereby accept the appointment as registered agent, and accept the obligations.											
SIGNATURE								PATE _			
10. Title	Title Managing Members/Managers			Business Street Address			City, State and Zip Gode			Code	
MGRM	WYSS,	JOANNE		3133	RUM	ROW		NAPLES	FL		
MGRM	GRM WYSS, KARL		3133 RUM ROW			NAPLES FL					
•							40	00002 -03/00 ****1 -dec	7r StSt 3/930 88, 75	8:44: 8: 1081017 ****188.75	
11 (Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. Hurther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal 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: DOUGE SUBJECT 2/2/9 941243-6689											

INHSE10 R (12-98)