


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

**APPROVED  
AND  
FILED**

**1997 APR 28 AM 8:37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
--------------------------------	---

1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L96000001136
---	--------------------------------

MEYAIR, L.C.  
C/O SWISS LINK INC  
P O BOX 320013  
COCOA BEACH FL 32932-0013

1a. Principal Place of Business Address

3165 N ATLANTIC AVE  
COCOA BEACH FL 32931

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 3165 N. Atlantic. Suite, Apt. #, etc. HUR.	2a. Mailing Address Suite, Apt. #, etc.
---	--

City & State Cocoa Beach, FL.	City & State
Zip 32931	Country USA

3. Date Organized or Qualified 10/28/1996	3a. State of Formation FL
--	------------------------------

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
---------------	--

5. Date of Last Report	6. Certificate of Status Desired SB On Additional Fee Required <input type="checkbox"/>
------------------------	--

7. Name and Address of Current Registered Agent MARKEY, KEVIN P 410 W MERRITT AVE MERRITT ISLAND FL 32954
--

8. Name and Address of New Registered Agent Name Violet Suzanne Street Address (P.O. Box Number is Not Acceptable) 3165 N. Atlantic Ave. Suite, Apt. #, etc. A301 City Cocoa Beach FL Zip Code 32931
--

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 *[Signature]* DATE 4-6-97  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	VIOLET, SUZANNE	3165 N ATLANTIC AVE	COCOA BEACH FL.

000002162510--8  
-05/01/97--01108--004  
\*\*\*\*203.75 \*\*\*\*203.75

*[Handwritten: 4/29/97]*

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 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: *[Signature]* 4-6-97 407 7839992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #