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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS FILING FEE \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT #L96000001144 CORROSION PROOF COMPOSITES, L.L.C. 308 TEQUESTA DR. TEQUESTA DR.			FILED 97 FEB - 6 AM IO: 50 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address 900 TRQUESTA DR PEQUESTA DR PEQUESTA FL 33459	
If above mailing address is incorrect in any way, line through Incorrect information and enter correction Principal Place of Business 2a. Mailing Address		prrection in Block 2a.	3. Date Organized or Qualified	3a. State of Formation
1515 Cynynga Dydyn		rive	10/28/1996	FL
Sulte, Apt. #, etc. Sulte, Apt. #, etc.			4. FEI Number	
P.O. Box 3316 P.O. Box 3316 City & State City & State			65 0714060	Applied For
Tequesta, FL Tequesta, FL			65-0714969 Not Applicable	
Zip Country	Zip Cour	ntry	5. Date of Last Report	Certificate of Status Desired
33469	33469	··•	N.A.	Six / Additional Free Required X
7. Name and Address of Current Registered Agent		Name	8. Name and Address of New Registered Agent	
CAUSMAN, PHILIP 300 TEQUESTA DR THOUSERA FL 33460	(Same) Street Address (P.O. Box Number is Not Acceptable) 1515 Cypress Drive Suite, Apt. #, etc. City Tequesta FL 33469			
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 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers Business Street Address City, State and Zip Code				
	Submitted Circuit Acceptance			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
MGRM CALLIHAN, PATRICK J 3001 COOLIE		DGE ROAD	GE ROAD EAST LANSING MI	
MGR CATSMAN, PHILIP 48 RIVER DE		R	†EQUES'	TA FL
MEM SOLOMON, EDWARD 7296 Hawk		s Nest Di	rive Orland	lo, FL 32835
MEM CALLIHAN, CLAYTON 9524 Gree		enbrair Di	rive Baton	Rouge, LA 70815
500020951957 -02/12/9701070019 *****212.50 \$\int 2-7-97\$				
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Proce #				