


2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 + 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB 12 PM 3:33

FILING FEE \$ 588.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L96000001255
NEW VISION TECHNOLOGIES, L.C. 4520 HAVRE WAY PENSACOLA FL 32505	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.	

1a. Principal Place of Business Address
4520 HAVRE WAY PENSACOLA FL 32505

2. Principal Place of Business Pensacola, FL	2a. Mailing Address	3. Date Organized or Qualified 12/02/1996	3a. State of Formation FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3406291	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Date of Last Report 12/96	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
CARRIER, BETTY R 4520 HAVRE WAY PENSACOLA FL 32505	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL 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. I hereby accept the appointment as registered agent and accept the obligations.

SIGNATURE Betty Rutherford Carrier DATE Feb. 4, 1998
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	WICHTENDAHL, ALLEN F	4520 HAVRE WAY	PENSACOLA FL
MGR	CARRIER, BETTY R	4520 HAVRE WAY	PENSACOLA FL
600002432216--0 -02/17/98--01006--001 ****886.25 ****886.25			
REINSTATEMENT 97-98 <i>OK</i> <i>CWS</i>			

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: Betty Rutherford Carrier Jan. 13, 1998
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #