


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED  
 97 APR 14 PM 2:21  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: <b>FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT #L96000001324**  
 PRECIOUS METALS WITH A MESSAGE, L.C.  
 3122 EAST COLONIAL DRIVE  
 ORLANDO FL 32803

1a. Principal Place of Business Address  
 3122 EAST COLONIAL DRIVE  
 ORLANDO FL 32803

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

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified 12/20/1996	3a. State of Formation FL
4. FEI Number 69-2495165	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent  
 OMBRES, ALEXANDER J  
 801 N. MAGNOLIA AVENUE  
 SUITE 201  
 ORLANDO FL 32803

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. <del>388002143603-2</del>
City <del>ORLANDO</del> <b>FL</b>

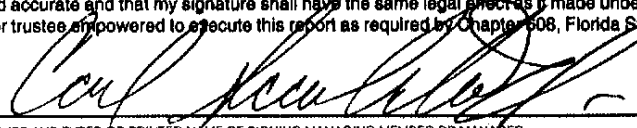
~~-04/15/97--01054--018~~  
~~\*\*\*203.75 \*\*\*203.75~~

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) DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SCARLATA, CARL JR	3122 EAST COLONIAL DRIVE	ORLANDO FL

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 Daytime Phone #