1A	LIABILITY COMPANY NNUAL REPORT 1999		LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR 12 PH 3: 46				
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company						SEGACIARA OF STATE TALLAHASSEE, FLORIDA			
WILEN I.Y.M., L.C. 135 OVAL DRIVE ISLANDIA NY 11722					1a. Principal Place of Business Address 135 OVAL DRIVE ISLANDIA NY 11722				
2 Principal Place of Business 2a. Mailing Address				}		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc. Suit		Suite, A	Apt #, etc.		12/30/1996		FL.		
City & State		City & S	City & State		4. FEI Number 11-3354584			Applied For Not Applicable	
Z ip	Country	Zip	Cou	ntry	5. Date of Last R		6. Certificate of S		
7. Name and Address of Current Registered			Agent 8		Name and Address of New Regis		stered Agent/Office		
its registerei as registere	I to the provisions of Sections 608, 416 d office or registered agrics, or both, in the d agent, and acadom the toligations.	and 608.508 ne State of Fig	s, Florida Statutes, the orida. Such change was	City above-named limite authorized by affirm	ative vote of a majorit	FL ubmits this state y of the member	s Thereby accept th	se of changin e appointmer	
SIGNATUR			NOTE Buy Served Agent signs	tive required when reactiful ness Street Address	t-ga	· · · · ·			
MGRM	WILEN, RICHARD WILEN, DARRIN		135 OVAL DRIVE			ISLANDIA NY ISLANDIA NY			
MGRM WILEN, CORY NGRM DIAZ, JOHN			135 OVAL DRIVE			ISLANDIA NY ISLANDIA, NY			
PLOKIN	Wilen, Kevin		3333 50	uthwest	15th STREET	DeeRF	ield, FL		
- 1				1.	192				
- 1				<i>50</i>	j-15-927c		6/93 - 0100 188.75 **	33017 **188.	

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