<u>subject</u>	to a \$ 40	00.00	LATE FE	<u>E.</u>				pany will be)]		SEODE FIL	.EO			
I	OMPANY RT	San	BRIDA DEPARTMENT OF STATE Sandra B. Mortham Sacretary of State				DIV	SECRETARY VISION OF C	Y OF STATE ORPORATIO	Ns					
1998 Secretary of State DIVISION OF CORPORATIONS										98 MAR 25 PM 2: 34					
FILING \$ 188			eport \$100.0 neck Payable				- 14111 2.0	111 213	4						
1. Name	and Mailing Ad	dress	DOC	UMENT											
FRANKLIN & NICHOLLS, CPA'S L.L.C. 3300 N. UNIVERSITY DRIVE #604 CORAL SPRINGS FL 33065										1a. Principal Place of Business Address 3300 N. UNIVERSITY DRIVE #609 CORAL SPRINGS FL 33065					
2. Principal Place of Business 2					ing Address			3. Date Organ			ed or Qualified	Formation			
								09/16/			1997 FL				
Suite, Apt. #, etc. Suite				Suite, Ap	Apt. #, etc.				4. FEI Number			Applied For		d For	
City & State City &					State				65-07		76780	Not Applical		pplicable	
Zip Country				Zıp	—— —	C	ountr	5. Date of Last			Report	6. Certificate	of Status	Desired	
											58 75 Addition	al Fee Requ	lited		
	7. Name	and Ad	ddress of Curre	ent Registered	Agent			8. I Name	lame and A	idres	s of New Regis	tered Agent/O	ffice		
NICHOLLS, GREGG E															
3300 N. UNIVERSITY DRIVE #6 CORAL SPRINGS FL 33065					04 Stree			Street Address (P	treet Address (P.O. Box Number is Not Acceptable)						
						Sulte, Apt. #, etc									
			City						Zip Code						
								<u>FL</u>							
lts register	red office or regi	stered a		the State of Flo				oove-named limited uthorized by affirmal							
SIGNATU	(Reg	jistered Agent Accepti	VC11£ Registered	TE. Registered Agent signature required when reinstatin			DATE								
10. Title	Managing Members/Managers			gers	s Busin			ss Street Address			City,	State and Zip	and Zip Code		
MEM	ROBERT	М.	FRANKI	IN, P.	3300	N.	UN	NIVERSITY	DRIVE	C #	CORAL	SPRING	S FL		
MEM	GREGG	E.	NICHOLL	S, CPA	3300	N.	UN	NIVERSITY	DRIVE	C #	CORAL	SPRING	S FL		
									4	lo'	DDO2- -03/31 ****1/	4734 /98010 86.75 *)47·~()	106	
														;	

11. Ido 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 SUPPLYED ON PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/20/98 554-7