
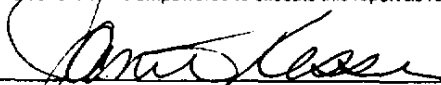


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  98 MAY -4 PM 1:30	
<b>FILING FEE</b> \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L97000001089</b> <b>AMERICAN CORPORATE PROMOTIONS, LIMITED COM PANY</b> <b>721 PALMER</b> <b>WINTER PARK FL 32789</b>				1a. Principal Place of Business Address  <b>721 PALMER</b> <b>WINTER PARK FL 32789</b>			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/30/1997		FL	
City & State		City & State		4. FEI Number <b>59-3470064</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Date of Last Report		6. Certificate of Status Desired SB 25 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  <b>POOLE, WILLIAM F IV</b> <b>POOLE, CLEMENTS &amp; DAWSON, P.A.</b> <b>644 W. COLONIAL DR.</b> <b>ORLANDO FL 32804</b>				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code <b>32789</b>			
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code			
MGRM	KESSLER, PETER S	721 PALMER		WINTER PARK FL			
MGRM	KESSLER, JANET P	721 PALMER		WINTER PARK FL			
				900002515929--5 -05/07/98--01103--014 ****188.75 ****188.75			
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: 				Date <b>4/15</b> Daytime Phone # _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER							