


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 -1 AM 9:12	
<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 #</b> L97000001220		1a. Principal Place of Business Address	
AMOREX CO., L.L.C. <del>2543 WEST BURR OAK COURT</del> <del>SARASOTA FL 34232</del>		5824 BEE RIDGE Rd. SUITE 415 SARASOTA, FL. 34233-5065		<del>2543 WEST BURR OAK COURT</del> <del>SARASOTA FL 34232</del>	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
5824 BEE RIDGE Rd. Suite, Apt. #, etc. SUITE 415 City & State SARASOTA, FL. Zip 34233-5065 Country USA		5824 BEE RIDGE Rd. Suite, Apt. #, etc. SUITE 415 City & State SARASOTA, FL. Zip 34233-5065 Country USA		11/03/1997 FL	
				4. FEI Number 65-0800354	
				5. Date of Last Report FIRST	
				6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$0.75 Additional Fee Required	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
CORPORATION SERVICE, COMPANY <del>1201 HAYS STREET</del> <del>TALLAHASSEE FL 32301</del>				Name MARTHA A. STEPHAN Street Address (P.O. Box Number is Not Acceptable) 2543 W. BURR OAK CT. Suite, Apt. #, etc. 200002514352--8 -05/06/98--01133--023 City SARASOTA Zip Code FL 34232	
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 <u>Martha A. Stephan</u> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>4-23-98</u>	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	<del>NEBRON ENTERPRISES,</del>	<del>2453 WEST BURR OAK COURT</del>		<del>SARASOTA FL</del>	
MGR	<del>MORIAH SERVICES,</del>	<del>2453 WEST BURR OAK COURT</del>		<del>SARASOTA FL</del>	
MGR	MARTHA A. STEPHAN	2543 W. BURR OAK CT.		SARASOTA, FL. 34232	
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: <u>Martha A. Stephan</u>		<u>Manager</u>		<u>42398 941-379-9638</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	