


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 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY -4 PM 12: 26

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L97000001264
BELL, BELL AND CHILDERS, L.L.C. 1455 SOUTH FERDON BOULEVARD, SUITE A-1 CRESTVIEW FL 32536	

1a. Principal Place of Business Address
1455 SOUTH FERDON BOULEVARD, CRESTVIEW FL 32536

2. Principal Place of Business 301 E. HICKORY AVE.	2a. Mailing Address 301 E. HICKORY AVE.	3. Date Organized or Qualified 11/10/1997	3a. State of Formation FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 58-2353715	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State CRESTVIEW, FL	City & State CRESTVIEW, FL	5. Date of Last Report N/A	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 32536	Country	Zip 32536	Country

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
CROWE, TOM L 424 APPLE DRIVE CRESTVIEW FL 32536	Name TOM L. CROWE Street Address (P.O. Box Number is Not Acceptable) 301 E. HICKORY AVE Suite, Apt. #, etc. City CRESTVIEW FL Zip Code 32536

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 Tom L. Crowe DATE 4/24/98
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BELL, LINDA A	903 SUNSET BAY COURT	SHALIMAR FL
MGRM	CROWE, TOM L	424 APPLE DRIVE 301 E. HICKORY AVE.	CRESTVIEW FL
			400002515924X-1 -05/07/98--01103-011 ****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: Linda L. Bell 4-30-98 (850) 682-4357

SIGNATURE AND TYPE (OR PRINT) OF NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #