


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 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 DEL & M. INVESTMENTS, L.C. 1101 NORTH LAKE DESTINY DRIVE, SUITE 400 MAITLAND FL 32751		DOCUMENT # L9800000053		1a. Principal Place of Business Address 1101 NORTH LAKE DESTINY DRIV MAITLAND FL 32751	
2 Principal Place of Business 1101 N. LAKE DESTINY DR.		2a. Mailing Address		3. Date Organized or Qualified 01/14/1998	
Suite, Apt. #, etc. SUITE 400		Suite, Apt. #, etc.		3a. State of Formation FL	
City & State MAITLAND		City & State		4. FEI Number 59-3486266	
Zip FL		Country U.S.A.		5. Date of Last Report N/A	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$875 Additional Fee Required	
7. Name and Address of Current Registered Agent ICARDI, JEFFREY I 237 LOOKOUT PLACE, SUITE 100 MAITLAND FL 32751			8. Name and Address of New Registered Agent/Office Name FRED DELGUIDICE Street Address (P.O. Box Number is Not Acceptable) 1101 N. LAKE DESTINY DR. Suite, Apt. #, etc. SUITE 400 City MAITLAND Zip Code FL 32751		
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: <i>Fred DelGuidice</i> FRED DELGUIDICE DATE: 04-06-99					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	CIMA FINANCIALS, INC.	21 ESCONDIDO		ALTAMONTE SPRINGS FL	
MGRM	DELGUIDICE, FRED	1101 NORTH LAKE DESTINY DR SUITE 400		MAITLAND FL 32751	
5.000002842425... 2 -04/16/99--01080--008 ***197.50 ***197.50 T.J.C. APR 15 1999					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <i>Fred DelGuidice</i> FRED DELGUIDICE 04-06-99 407-640-6069					

FILED
APR - 9 PM 5:00
SECRETARY OF STATE