
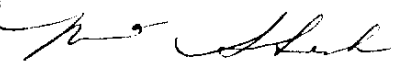


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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 MCORT ENTERPRISES, L.C. P.O. BOX 354482 PALM COAST FL 32135		DOCUMENT # L98000001150	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address 7 Carry CT Suite, Apt. #, etc. City & State Palm Coast FL Zip 32137	
3. Date Organized or Qualified 07/21/1998		3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
4. FEI Number 59-3522283		5. Date of Last Report	
6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>			
7. Name and Address of Current Registered Agent SHEEHAN, MARGARET 7 CARRY COURT PALM COAST FL 32137		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _____ DATE _____ <small>(By Registered Agent Accepting Appointment, or By Officer or Director, or by a duly authorized person)</small>			
10. Title MGR	Managing Members/Managers SHEEHAN, MARGARET	Business Street Address 7 CARRY COURT	City, State and Zip Code PALM COAST FL
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:  Margaret Sheehan 4-6-99 904-439-3020			

FILED
APR - 8 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T.J.C. APR 1 1999