


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUL -14 PM 2:45

FILING FEE \$ 588.75	Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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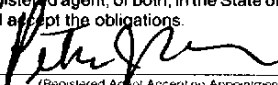
1. Name and Mailing Address of Limited Liability Company PETER J. CIRINA, L.C. 751 N.E. 69TH STREET BOCA RATON FL 33487	DOCUMENT # L98000001440
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1a. Principal Place of Business Address 751 N.E. 69TH STREET BOCA RATON FL 33487
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2. Principal Place of Business 751 NE 69th St. Suite, Apt. #, etc.	2a. Mailing Address 751 NE 69th St. Suite, Apt. #, etc.
City & State Boca Raton FL	City & State Boca Raton FL
Zip 33487 Country USA	Zip 33487 Country USA

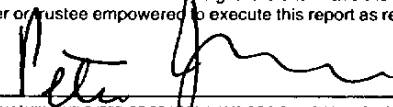
3. Date Organized or Qualified 08/13/1998	3a. State of Formation FL
4. FEI Number 22 3606468	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent FILINGS, INC. 3732 NORTHWEST 16TH STREET FORT LAUDERDALE FL 33311	8. Name and Address of New Registered Agent/Office Name Peter J. Cirina Street Address (P.O. Box Number is Not Acceptable) 751 N.E. 69th Street Suite, Apt. #, etc. 599158900135--0 City Boca Raton FL 05/17/99-90091-002 ****150.00 ****38.75
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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  DATE 7-12-99 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)
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10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CIRINA, PETER J	751 N.E. 69TH STREET	BOCA RATON FL
MGRM	CIRINA, EILEEN	751 N.E. 69TH STREET	BOCA RATON FL

100002936971--6
-07/20/99--01095--017
*******38.75 *****38.75**
05/17/99-90091-002
\$150.00
7/14/99

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 7/12/99 561-999-9233 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
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