



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		FILED APR 20 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 DOCUMENT # L98000002052 FORD INSTRUMENTS & ACCESSORIES, L.C. 217 SW 27TH STREET FT. LAUDERDALE FL 33315		1a. Principal Place of Business Address 217 SW 27TH STREET FT. LAUDERDALE FL 33315			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 09/30/1998	
				3a. State of Formation FL	
				4. FEI Number <input checked="" 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 COHEN, ANDREW L ESQ. 18459 PINES BOULEVARD, STE 290 PEMBROKE PINES FL 33029			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 400002854034 - - E Suite, Apt. #, etc. -04/27/99 - -01089 - -017 ***188.75 ***188.75 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. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____			DATE _____		
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature is required when re-registering)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	FORD, BRAD	217 SW 27TH STREET		FT. LAUDERDALE FL	
MGRM	AIRCRAFT SUPPORT AND P	217 SW 27TH STREET		FT. LAUDERDALE 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: _____			4-14-99 (954)5241314		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER (MANAGING MEMBER OR MEMBER)					