

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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FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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FILED 429/21
99 SEP 17 PM 1:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002507 INTERNATIONAL COACHING INSTITUTE, LLC 4630 SOUTH KIRKMAN ROAD, SUITE 612 ORLANDO FL 32811-2802

1a. Principal Place of Business Address 4630 SOUTH KIRKMAN ROAD, SUI ORLANDO FL 32811

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 11/02/1998 4. FEI Number 36-4258869 5. Date of Last Report	3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 900002993569--0 Suite, Apt. #, etc. -04/22/99-01044-013 ****588.75 ****588.75 City FL Zip Code
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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 _____
(Reg. Agent Approval Required; Appointment of New Registered Agent Signature Required when Reconstituting)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
	MGRM NATIONAL FINANCIAL T,	4630 SOUTH KIRKMAN ROAD, S	ORLANDO FL

11. I 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 contained 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: L. Q. Hual 9-13-99 407-286-4831
Signature of Limited Liability Company or Other Entity (Name of Signing Managing Member or Manager)
Date
Original Filing #