


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		FILED <i>W 7/21</i> 15 AM 10:21 TALLAHASSEE, FLORIDA	
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			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L98000002592		1a. Principal Place of Business Address	
KOBRA MOLDS, I.C. 6555 GARDEN ROAD, UNIT 17 RIVIERA BEACH FL 33404				6555 GARDEN ROAD, UNIT 17 RIVIERA BEACH FL 33404	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/04/1998	
City & State		City & State		3a. State of Formation FL	
Zip		Country		4. FEI Number 65-0880606	
				<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			8. Name and Address of New Registered Agent/Office		
ROGERS, ERSKINE C III 1803 AUSTRALIAN AVENUE SOUTH, SUITE WEST PALM BEACH FL 33409			Name Street Address (P.O. Box Number is Not Acceptable) 600002939006 Suite, Apt. #, etc. -07/22/99--01086--002 ****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 required when reappointing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	FREEMAN, MEADE	P.O. BOX 116		FAIRPLAY MD	
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: <i>Meade Freeman</i>		<i>Meade Freeman</i>		<i>July 13, 1999</i> S&L-842-6522	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	

2



Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

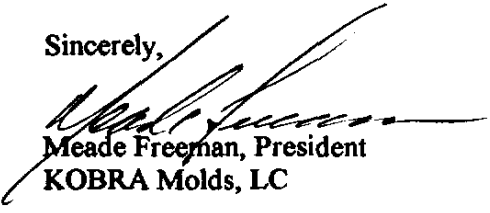
July, 13, 1999

Dear Sir or Madam:

Today I received our Limited Liability Company Annual Report Form for 1999. This is the first time I have seen this form yet the form states that it is our second notice. I have called your office and they have notified me to write this letter and send in an amount of \$188.75 for the filling fee.

If there are any questions, please contact me at 561-842-6522. Thank you for assistance and attention to this matter.

Sincerely,


Meade Freeman, President
KOBRA Molds, LC

FILED
99 JUL 15 AM 10:21
TALLAHASSEE, FLORIDA
SECRETARY OF STATE