
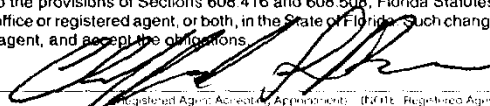
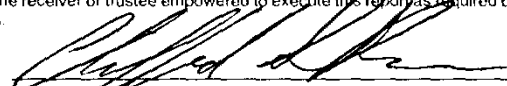


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  <b>99 MAR 17 PM 1:53</b>	
<b>FILING FEE</b> <b>\$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b>  <b>DOCUMENT # L98000002967</b>  <b>SYSTEMS GO INTERNATIONAL, L.L.C.</b> <b>3825 HENDERSON BOULEVARD, SUITE 500</b> <b>TAMPA FL 33629</b>		<b>1a. Principal Place of Business Address</b>  <b>3825 HENDERSON BOULEVARD, SU</b> <b>TAMPA FL 33629</b>			
<b>2. Principal Place of Business</b> <b>SAME AS ABOVE</b> Suite, Apt. #, etc.  City & State  Zip      Country		<b>2a. Mailing Address</b> <b>SAME AS ABOVE</b> Suite, Apt. #, etc.  City & State  Zip      Country		<b>3. Date Organized or Qualified</b> <b>12/02/1998</b>  <b>4. FEI Number</b> <b>59-3517762</b>  <b>5. Date of Last Report</b>  <b>6. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b>  <b>INTRASTATE REGISTERE, D AGENT CORPOR</b> <b>701 BRICKELL AVENUE, SUITE 3000</b> <b>MIAMI FL 33131</b>		<b>8. Name and Address of New Registered Agent/Office</b> Name <b>CLIFFORD S. BARS</b> Street Address (P.O. Box Number is Not Acceptable) <b>SUITE 500</b> Suite, Apt. #, etc. <b>3825 HENDERSON BOULEVARD</b> City      Zip Code <b>TAMPA      FL      33629</b>			
<b>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.</b>					
SIGNATURE 		DATE <b>3/8/99</b>			
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
MGR	PACE, WILLIAM L	3689 LONE WOLF TRAIL		ST. AUGUSTINE FL	
MGR	REESE, RANDOLPH H	3689 LONE WOLF TRAIL		ST. AUGUSTINE FL	
MGR	BARS, CLIFFORD S	3825 HENDERSON BOULEVARD,		TAMPA FL	
9900002967 12/02/98 03/19/99 01099 025 ***188.75 ***188.75					
<b>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.</b>					
<b>SIGNATURE:</b> 		<b>3/8/99 813-282-3603</b>			