


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
99 FEB 22 AM 8: 59

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 # L98000003022
NICOL CAMEL USA, L.L.C. 5555 TAMiami TRAIL NORTH, SUITE 919 NAPLES FL 34108	

1a. Principal Place of Business Address
5555 TAMiami TRAIL NORTH, SU NAPLES FL 34108

2. Principal Place of Business 1610 TRADE CENTER WAY Suite, Apt. #, etc. SUITE 3 City & State NAPLES FL Zip 34109	2a. Mailing Address 1610 TRADE CENTER WAY Suite, Apt. #, etc. SUITE 3 City & State NAPLES FL Zip 34109
--	---

3. Date Organized or Qualified 12/04/1998	3a. State of Formation FL
4. FEI Number 59-3542651	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

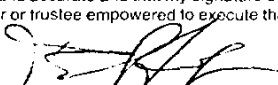
7. Name and Address of Current Registered Agent
GRANT, RICHARD C ESQ. GRANT, FRIDKIN, PEARSON, ATHAN & CRO 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES FL 34108

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
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 removing agent)	

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SCARPA, ROLAND	5555 TAMiami TRAIL NORTH,	NAPLES 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:  2/17/99 941-5667000
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER