
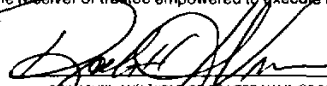


2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company
will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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 # L98000003434 FIELD RECOVERY AGENCY, LLC 1070 INGLESIDE AVE JACKSONVILLE FL 32205		FILED 99 SEP 30 PM 2: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business RD. 10676 NEW KINGS Suite, Apt. #, etc. City & State JACKSONVILLE, FL Zip 32219 Country USA		2a. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 12/22/1998		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"/> No Additional Fee Required	
7. Name and Address of Current Registered Agent VINSON, ROBERT 1070 INGLESIDE AVE JACKSONVILLE FL 32205		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 900003006599--0 Suite, Apt. #, etc. 10/08/99 01002--011 ****588.75 ****588.75 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 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)		DATE	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	VINSON, ROBERT	1070 INGLESIDE AVE	JACKSONVILLE FL
MGRM	FINE, JOEL CRAIG	1070 INGLESIDE AVE	JACKSONVILLE 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: 		ROBERT VINSON 9/28/99 766-7779 (904)	