
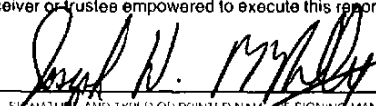


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 98 MAY -4 PM 4:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT # M96000000235</b>			
INTERNATIONAL RESOLUTIONS L.L.C. 7901 4TH STREET NORTH, SUITE 200 ST. PETERSBURG FL 33702		1a. Principal Place of Business Address  7901 4TH STREET NORTH, SUITE ST. PETERSBURG FL 33702			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/01/1996	
City & State		City & State		DE	
Zip		Country		4. FEI Number	
				59-3381104	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				05/05/1997	
				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	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name  Street Address (P.O. Box Number is Not Acceptable) 800002514438--9 Suite, Apt. #, etc. -05/05/98--01139--024 City ****188.75 ****188.75 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 reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	WALL, KARL J	7901 4TH STREET NORTH, SUI		ST. PETERSBURG FL	
MGRM	MCNALLY, JOSEPH W	7901 4TH STREET NORTH, SUI		ST. PETERSBURG FL	
MGRM	READ, WAYNE A JR.	7901 4TH STREET NORTH, SUI		ST. PETERSBURG FL	
MGRM	REINKING, LINDA L	7901 4TH STREET NORTH, SUI		ST. PETERSBURG FL	
MGRM	BALKAN, THOMAS J	7901 4TH STREET NORTH, SUI		ST. PETERSBURG FL	
MGRM	HOLLAND, EDWARD J	7901 4TH STREET NORTH, SUI		ST. PETERSBURG 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:  Joseph W. McNally 4/30/98 813-572-3771 Date Daytime Phone # X-241					