


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 MAR 17 AM 8:15 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 PAR INTERNATIONAL CIRCUITS, L.L.C. 15588 AVIATION LOOP DRIVE BROOKSVILLE FL 34609		DOCUMENT # M96000000307		1a. Principal Place of Business Address 15588 AVIATION LOOP DRIVE BROOKSVILLE FL 34609	
2. Principal Place of Business 2385 Aerial Way Suite, Apt. #, etc.		2a. Mailing Address Same Suite, Apt. #, etc.		3. Date Organized or Qualified 08/08/1996	
City & State Brooksville FL		City & State Brooksville FL		3a. State of Formation AL	
Zip 34609		Country USA		4. FEI Number 59-3384201	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 04/27/1998	
				6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent HOOD, DALE E 15588 AVIATION LOOP DRIVE BROOKSVILLE FL 34609			8. Name and Address of New Registered Agent/Office Name Henderson, Dale E. Street Address (P.O. Box Number is Not Acceptable) 2385 Aerial Way Suite, Apt. #, etc. City Brooksville FL Zip Code 34609		
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 <u>Dale E. Henderson</u> DATE <u>03/11/99</u> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when re-registering)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	HOOD, DALE E.	5254 KIRKWOOD AVENUE		SPRING HILL FL	
MGR	HENDERSON, JERRY	2385 Aerial Way		Brooksville, FL 34609	
		5254 KIRKWOOD AVENUE		SPRING HILL FL	
		2385 Aerial Way		Brooksville, FL 34609	
	MGRM KRAFTON, Paul	2385 Aerial Way		Brooksville, FL 34609	
4000002819274-4 -03/26/99--01010--028 ****188.75 ****188.75					
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: <u>Dale E. Henderson</u> <u>03/11/99</u> <u>352</u> <u>799-1880</u>					