


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	
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 WJC & COMPANY LLC 4687 SW 45 STREET FT. LAUDERDALE FL 33314				DOCUMENT # M96000000359 <i>QU-AP/LUS CM</i>	
2. Principal Place of Business SAME				3a. State of Formation CO	
Suite, Apt. #, etc.				3. Date Organized or Qualified 09/16/1996	
City & State				4. FEI Number 65-0631446	
Zip				5. Date of Last Report 04/29/1998	
Country				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent CLARK, WALLACE E 4687 SW 45 STREET FT. LAUDERDALE FL 33314				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 FL	
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's signature required when changed through)				DATE _____	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	CLARK, WALLACE E	4687 SW 45 STREET		FT. LAUDERDALE 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) (j), 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: <i>Wallace E. Clark</i>		2/18/99 954-584-6037			

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SECRETARY OF STATE
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