


2nd and FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 AUG 24 AM 10:40

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
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1. Name and Mailing Address of Limited Liability Company GBS DISTRIBUTION, LLC 507 BRANCHWAY ROAD RICHMOND VA 23236	DOCUMENT # M97000000363
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1a. Principal Place of Business Address 507 BRANCHWAY ROAD RICHMOND VA 23236
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2. Principal Place of Business 513 NW Enterprise Drive Suite, Apt. #, etc. N/A City & State Port St. Lucie, FL Zip 34986 Country USA	2a. Mailing Address 513 NW Enterprise Drive Suite, Apt. #, etc. N/A City & State Port St. Lucie, FL Zip 34986 Country USA
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3. Date Organized or Qualified 06/20/1997	3a. State of Formation VA
4. FEI Number 54-1850939	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$875 Additional Fee Required

7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 33411
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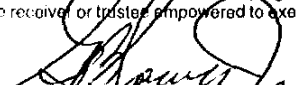
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of 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
MGR	SOWERS, GEORGE B JR	515 NW ENTERPRISE DR	PORT ST LUCIE FL
MGR	SOWERS, GEORGE B III	515 NW ENTERPRISE DR	PORT ST LUCIE FL

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***\$88.75 ***\$88.75

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:  **GB. SOWERS JR** JULY 27 1998 561 336 2880
SIGNATURE AND TYPE (OR PRINT) NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #