
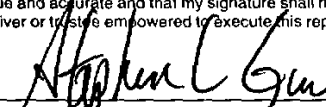
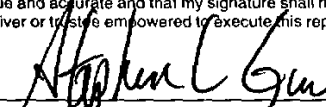


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee <b>\$ 188.75</b> Make Check Payable To: <b>FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M98000000158</b>  <b>BULOVA TECHNOLOGIES, L.C.</b> <b>12340 66TH STREET NORTH</b> <b>LARGO FL 33773</b>		1a. Principal Place of Business Address  <b>12340 66TH STREET NORTH</b> <b>LARGO FL 33773</b>	
2. Principal Place of Business <b>101 N. Queen St</b> Suite, Apt. #, etc.	2a. Mailing Address <b>Same</b> Suite, Apt. #, etc.	3. Date Organized or Qualified <b>02/19/1998</b>	3a. State of Formation <b>DE</b>
City & State <b>Lancaster PA</b>	City & State Zip <b>17604 USA</b>	4. FEI Number <b>23-2793455</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE , COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <b>5000 12888885</b> Suite, Apt. #, etc. <b>-05/07/99--01141--022</b> <b>****188.75 ****188.75</b> City <b>FL</b> 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 _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	GURBA, STEPHEN L	1311 DRUID ROAD SOUTH	BELLEAIR FL 33756
MGR	Batal, Michael J.	130 Liberty St.	NY, NY 10006
MEM	Craig Schnee	101 N. Queen St.	Lancaster, PA 17604
MEM	National Defense Co. LLC	101 Convention Center Suite, 850 Dr.	Las Vegas, NV 89109
			
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: x 		4/15/99	(717) 299-2581
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		<small>Date</small>	<small>Daytime Phone #</small>