


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 Sandra B. Mortham 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 SFI of Delaware, LLC 3701 E. V PO Box 12635 Norfolk, VA 23541		DOCUMENT # 0798000000438	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 6/3/98		3a. State of Formation Delaware	
4. FEI Number 54-1893769		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Date of Last Report New		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent CT Corporation 1200 South Pine Island Rd. Plantation, FL 33324		8. Name and Address of New Registered Agent/Office Name Same Street Address (P.O. Box Number is Not Acceptable) 11 Suite, Apt. #, etc. 11 City 11 FL Zip Code 11	
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
	Workflow Mgt. Inc. (Managing member)	230 Royal Palm Way Palm Beach, FL 33480	500002637795-7 -09/11/98--01097--002 *****550.00 *****550.00 500002637795-7 -09/11/98--01097--003 *****38.75 *****38.75 dec
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: _____		8/17/98 (757) 455-8001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	