File on e	or before	May 1, 1999 or I 00.00 LATE FEE.	_imited	Liability	Com	pany will be	•				
LIMITE	TY COMPANY EPORT	ORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS			FILED						
	199		99 APR 16 PM 4: 02								
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							SEURE FRACTION STATE TALLAHASSEE, FLORIDA				
Name and Mailing Address of Limited Liability Company     DOCUMENT # M98000						100636					
NORMAN KASSER HOLDING COMPANY, L.L.C. 7280 CAMPANA COURT BOCA RATON FL 33433							1a. Principal Place of Business Address 7280 CAMPANA COURT BOCA RATON FL 33433				
2 Principal Place of Business 2a. Mailin				ng Address			Date Organized or Qualified		3a. State of Formation		
						06/17/1	998 DE				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				4. FEI Number			Applied For	
City & State			City & State				5. Date of Last R	leport	6. Certific	Not Applicable cate of Status Desired	
Zip Country		Zip Countr			ry			\$8.75 Additional Fee Required			
7. Name and Address of Current Registered A				Agent Name			Name and Address of New Registered Agent/Office				
1200 PLAN	ATION SYSTEM PINE ISLAND FL 33324		Street Address (P.O. Box Number   Suite, Apt. #, etc. City			FL 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											
10. Title		OTE Registered Agent signature required when reinstating?  Business Street Address			City, State and Zip Code						
MGR	Managing Members/Managers  KASSER, NORMAN J			7280 CAMPANA COURT				BOCA RATON FL			
MGR	GILLER, BEN						i	MIAMI FL			
					1-20-99				Turum 2849766		
11. Ido hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If unther certify that the information indicated on this annual report is true and accurate and that by 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:											
SIGN	IAI UKI		DOH PRINTED I	NAME OF SIGNING	THE OF SIGNING MANAGING MEMBER OR MANAGER			Date		Daytime Phone #	
MILERA	D 410 000	<del></del>	<del>-</del>								

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