

FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
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1997 MAR -6 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #Z00195

GRAWERT & CALVINO, L.C.
20 N.E. 6TH STREET
POMPANO BEACH FL 33060

1a. Principal Place of Business Address
20 N.E. 6TH STREET
POMPANO BEACH FL 33060

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
03/22/1990

3a. State of Formation
FL

4. FEI Number
65-0226578

5. Date of Last Report
03/21/1996

6. Certificate of Status Desired
S875 Additional Fee Required

7. Name and Address of Current Registered Agent
GRAWERT, BRUCE A.
2210 N.W. THIRD AVE
BUILDING B-8
POMPANO BEACH FL 33060

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE 2/20/97
(Registered Agent Accepting Appointment - (S875) Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	GRAWERT, BRUCE A.	2210 N.W. THIRD AVE	POMPANO BEACH FL

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****203.75 ****203.75

ASD
3/10/97

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: _____ DATE 2/19/97 DAYTIME PHONE # 954-942-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER