
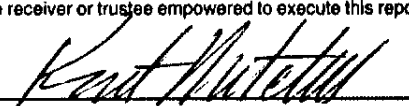


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1 Name and Mailing Address of Limited Liability Company		DOCUMENT #200328			
TRI TEX, L.C. 1151 34TH AVE N. ST. PETERSBURG FL 33704		1a. Principal Place of Business Address 5210 N 17TH ST. TAMPA FL 33610			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2 Principal Place of Business 5210 N. 17th St. Suite, Apt. #, etc.		2a. Mailing Address 1151 - 34th Ave N. Suite, Apt. #, etc. St Petersburg FL		3. Date Organized or Qualified 12/31/1990	
City & State Sarasota FL		City & State		3a. State of Formation FL	
Zip 33610		Country Hillsboro		4. FEI Number 59-3067630	
Zip 33704		Country Piscataway		5. Date of Last Report 04/18/1996	
7. Name and Address of Current Registered Agent GUISINE, COLLEEN 8457 MONARCH CT. SEMINOLE FL 33704		6. Certificate of Status Desired [X] Additional Fee Required []			
8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City		7. Date of Last Report 04/18/1996			
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	
M	MITCHELL, KENT GARDNER	1151 34TH AVENUE NORTH		ST. PETERSBURG FL	
M	HARPER, CAROL ANN	1148 CANDLEWOOD		DOWNERS GROVE IL	
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: 		KENT MITCHELL		4/10/97 813-867-3400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date		Daytime Phone #	