

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 <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR -2 AM 9:24

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  <b>TRI TEX, L.C. 1151 34TH AVE N. ST. PETERSBURG FL 33704</b>	<b>DOCUMENT #</b> z00328
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1a. Principal Place of Business Address  <b>5210 N 17TH ST. TAMPA FL 33610</b>
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2. Principal Place of Business <b>5210 N 17th</b> Suite, Apt. #, etc.	2a. Mailing Address <b>1151 34th Ave N</b> Suite, Apt. #, etc. <b>St Pete</b>
City & State <b>Tampa FL</b>	City & State <b>St Petersburg FL</b>
Zip <b>33610</b>	Zip <b>33704</b>

3. Date Organized or Qualified <b>12/31/1990</b>	3a. State of Formation <b>FL</b>
4. FEI Number <b>59-3067630</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report <b>04/14/1997</b>	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  <b>GULBINE, COLLEEN 8457 MONARCH CT. SEMINOLE FL 33704</b>
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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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

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\*\*\*\*188.75 \*\*\*\*188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), 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 G. Mitchell **KENT G. Mitchell** 3/25/98 813 867-2900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #