


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		FILED 98 MAR 25 PM 1:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 DOMINEX, L.C. P.O. BOX 5069 ST. AUGUSTINE FL 32085		DOCUMENT # Z00600 98-AR CM		1a. Principal Place of Business Address 6270 COUNTY ROAD 305 SOUTH ELKTON FL 32033	
2. Principal Place of Business ELKTON, FL Suite, Apt. #, etc.		2a. Mailing Address 6270 COUNTY RD 305 SOUTH Suite, Apt. #, etc.		3. Date Organized or Qualified 06/26/1992	
City & State		City & State		3a. State of Formation FL	
Zip		Country		4. FEI Number 42-1388608	
				5. Date of Last Report 04/14/1997	
7. Name and Address of Current Registered Agent LACERENZA, JIM 316 PORPOISE POINT DRIVE ST. AUGUSTINE FL 32095		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 700002475767--9 City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.509, 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 X <i>Jim Lacerenza</i> 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	GRAHAM, JOHN G	3663 GRAND AVE		DES MOINES IA	
M	THE GRAHAM GROUP, INC.	910 GRAND AVE		DES MOINES IA	
M	MCGARVEY, JOHN H	418 6TH AVE STE 240		DES MOINES IA	
M	CRUGER, F CHRISTOPHER	660 FOSTER DR		DES MOINES IA	
M	LACERENZA, JIM	P.O. BOX 5069		ST. AUGUSTINE FL	
M	MILLIGAN, GEORGE D.	910 GRAND AVENUE		DES MOINES IA	

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (j), 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.

JIM LACERENZA, PRESIDENT

SIGNATURE: X *Jim Lacerenza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2-23-98 904-692-1342

Date

Daytime Phone #