

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1. Name of Limited Partnership MAINSTREAM PARTNERS, LTD.	1a. DOCUMENT # A22918
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Mailing Address P.O. BOX 531 ST. PETERSBURG FL 33731-0531	Principal Office Address ONE PROGRESS PLAZA #2200 ST. PETERSBURG FL 33701	3. Date Formed or Registered 07/16/1986	5a. Capital Contributions as Shown on record \$2,000,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 11/01/1995	5b. Amount of Capital Contributions in FLORIDA to date 2,000,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-2676960 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent ANTONIO FERNANDEZ 2000 BRIGHTWATERS BLVD., N.E. ST. PETERSBURG FL 33704	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) MAINSTREAM PARTNERS, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) ONE PROGRESS PLAZA, SU	11b. City, State & Zip Code ST. PETERSBURG FL 337	11c. Registration/ Document Number J26181
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Note: General partner information NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability for reliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute the filing as required by chapter 620, Florida Statutes.

SIGNATURE *X*
DATE *X* **12/27/96**
Typed or Printed Name of General Partner Signing Form **ANTONIO FERNANDEZ, PRESIDENT** Daytime Telephone Number **(813) 898-0015**
MAINSTREAM PARTNERS, INC.

CR2E003 (6/96)