

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 DEC 19 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A28352
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GULF MYERS S.C. COMPANY, LTD.



Jf 12/29

Mailing Address 7646 N. LOCKWOOD RIDGE ROAD SARASOTA FL 34243	Principal Office Address 7646 N. LOCKWOOD RIDGE RD. SARASOTA FL 34243	3. Date Formed or Registered 05/17/1989
2. Mailing Address	2a. Principal Office Address	5a. Capital Contributions as Shown on record. \$1,300,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3a. Date of Last Report 12/26/1996
City & State	City & State	4. State or Country of Formation FL
Zip	Country	6. FEI Number 58-1846841
		7. Certificate of Status Desired <input type="checkbox"/> Applied for <input checked="" type="checkbox"/> Not Applicable
		8. Make check payable to: Dept. of State (See reverse side for fee information) \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent

**CLIFFORD L. WALTERS
802 11TH STREET WEST
BRADENTON FL 34205**

10. If changed, new Registered Agent/Office

Name _____
Street Address (P.O. Box Number Is Not Acceptable) _____
Suite, Apt. #, etc. _____
City _____ State **FL** Zip Code _____

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
GULF MYERS CORPORATE, INC.	1733 W. FLETCHER AVE.	TAMPA FL 33612	P94000077792

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied 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 of non-compliance 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 accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Sharon K Rice* DATE **12/16/97**

Typed or Printed Name of General Partner Signing Form **Suzanne C Rice** Daytime Telephone Number **813-960-8154**

CFR2E003 (6/97)