

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 23 AM 9:42



1. Name of Limited Partnership CARBI & MAISON, LTD.		1a. DOCUMENT # A31953	
Mailing Address 335 WORTH AVE PALM BEACH, FL 33480	Principal Office Address 335 WORTH AVE PALM BEACH, FL 33480	3. Date Formed or Registered 09/09/1991	5a. Capital Contributions as Shown on record \$1,000.00
2. Mailing Address 809 N. DIXIE HWY Suite, Apt. #, etc.	2a. Principal Office Address 809 N. DIXIE HWY Suite, Apt. #, etc.	3a. Date of Last Report 12/23/1996	5b. Amount of Capital Contributions in FLORIDA to date. \$1,000.00
City & State WEST PALM BEACH	City & State WEST PALM BEACH	4. State or Country of Formation FL	6. FEI Number 65-0286787 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip FL 33401	Country USA	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)

9. Name and Address of Current Registered Agent M & W AGENTS, INC. ONE DATRAN CENTER 9100 SOUTH DADELAND BLVD., PHI MIAMI FL 33156	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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
OXFORD MAISON CORP.	809 N. DIXIE HWY 335 WORTH AVE.	WEST PALM BEACH/FL PALM BEACH FL	S40014
CARBI DESIGN, INC.	809 N. DIXIE HWY 335 WORTH AVE.	WEST PALM BEACH/FL PALM BEACH FL	S72541

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-10/31/97-01107-005
*****156.25 ***156.25**

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 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 this report as required by chapter 620, Florida Statutes.

SIGNATURE *J. Maison* DATE 10/16/97
 Typed or Printed Name of General Partner Signing Form JOYCE F. MAISON Daytime Telephone Number (561) 835-4550

CF2E003 (6/97)