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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



9. Name and Address of Current Registered Agent

required by chapter 620, Flo

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

this annual report is true and empowered to execute this

SIGNATURE

DOCUMENT # A93000000833

SECRETARY OF STATE DIVISION OF CORPORATIONS

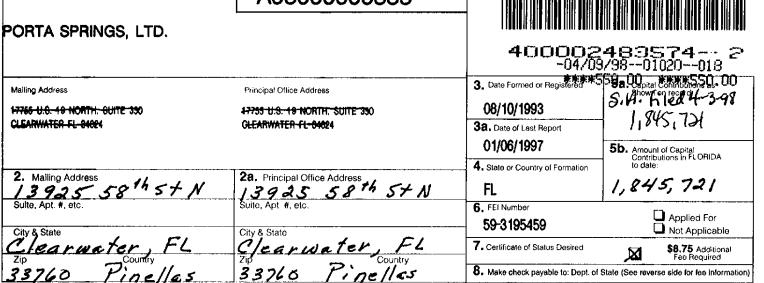
98 APR -3 AM 9: 26

8. Make check payable to: Dept. of State (See reverse side for fee information)

FF 15 COV 25

10. If changed, new Registered Agent/Office

11-11.



ASSIES, BERNHARD Wohlwend, Beth -CIO WESTFALIA REALTY. C/O Melite N.A., Inc. 17755 US 19 NORTH, STE: 350 CLEARWATER FL 84824		Street Address (P.O. B. 13925 Suite, Apt. #, etc.	58th 5t	A F	# 536,6 US 8,7 2000 21p.code 33760	25	
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).							
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)	Address of Each General (Do NOT Use Post Office Box	Partner 11b.	City, State & Zip Code	11c.	Registration/ Document Number		
PORTA HOLDINGS II, INC.	17755 U.S. 19 NORTH,		ARWATER FL 34624	P930	P93000056239 H.G		
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							

Scott Makela Typed or Printed Name of General Partner Signing Form

Corporations from any liability of non-compliance with Soction 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

accurate and that my signature shall because the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

12, 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