

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 DEC 12 PM 12:38 *ymh*
12/15



1. Name of Limited Partnership

1a. DOCUMENT #
A93000000849

THE SHELP FAMILY LIMITED PARTNERSHIP

Mailing Address
10310 SOUTH OCEAN DRIVE, #708
JENSEN BEACH FL 34957

Principal Office Address
10310 SOUTH OCEAN DRIVE, #708
JENSEN BEACH FL 34957

3. Date Formed or Registered
08/17/1993

5a. Capital Contributions as Shown on record
\$1,750,000.00

3a. Date of Last Report
12/18/1996

5b. Amount of Capital Contributions in FLORIDA to date:
*** 1,750,000.00**

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation
FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number
65-0429116

Applied For
 Not Applicable

City & State

City & State

7. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

Zip Country

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

9. Name and Address of Current Registered Agent

SHELP, ROBERT H
10310 SOUTH OCEAN DRIVE #708
JENSEN BEACH FL 34957

10. If changed, new Registered Agent/Office

Name **100002375171--1**
Street Address (P.O. Box Number is Not Accepted) **12717/97--01078--025**
Suite, Apt. #, etc. ******541.25 ****541.25**
City **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

THE ROBERT H SHELP INTERVIVO

10310 SOUTH OCEAN DRI

JENSEN BEACH FL 34957

G93228000141

THE MARTHA W SHELP INTERVIVO

10310 SOUTH OCEAN DRI

JENSEN BEACH FL 34957

G93228000140

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 610, Florida Statutes.

SIGNATURE

Robert H. Shelp

DATE **12-9-97**

Typed or Printed Name of General Partner Signing Form **ROBERT H. SHELP**

Daytime Telephone Number **561-229-5713**

CR2E003 (6/97)