

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

FILED

97 DEC 31 PM 12: 26

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 SISBROS, LTD.	1a. DOCUMENT # A95000000661 98-AR CM
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Mailing Address 15950 BAY VISTA DR., SUITE 250 CLEARWATER FL 34620	Principal Office Address 15950 BAY VISTA DR., SUITE 250 CLEARWATER FL 34620
2. Mailing Address Hill, Ward & Henderson Suite, Apt. #, etc. PO Box 2231 City & State Tampa, FL Zip 33601-2231	2a. Principal Office Address 101 E. Kennedy Blvd. Suite, Apt. #, etc. Suite 3700 City & State Tampa, FL Zip 33602
Country USA	Country USA

3. Date Formed or Registered 04/24/1995	5a. Capital Contributions as Shown on record. \$40,000.00
3a. Date of Last Report 02/06/1997	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number 59-3310487	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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 GARCIA, MARTIN L ESQUIRE 101 EAST KENNEDY BLVD., SUITE 3700 TAMPA FL 33602	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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383.75

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
SISBROS, INC.	15950 BAY VISTA DR.,	CLEARWATER FL 34620	P95000032756

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 20, Florida Statutes.

SIGNATURE _____ DATE 12/24/97

Typed or Printed Name of General Partner Signing Form Martin L. Garcia Daytime Telephone Number (813) 535-0772

CR2E003 (6/97)