


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership INSURANCE ADVISORY SERVICES, LTD.		1a. DOCUMENT # A95000000737	
Mailing Address P.O. BOX 757 PONTE VEDRA BEACH FL 32004		Principal Office Address 615 A1A, SUITE 102 PONTE VEDRA BEACH FL 32082	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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3. Date Formed or Registered 05/10/1995	5a. Capital Contributions as Shown on record \$0.00
3a. Date of Last Report 12/04/1997	5b. Amount of Capital Contributions in Florida to date
4. State or Country of Formation FL	6. FET Number 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 NO-1-U-NO, INC. 615 A1A, SUITE 102 PONTE VEDRA BEACH FL 32082	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) 02/03/99-01072-022 Suite, Apt. #, etc. ***141.25 ***141.25 City Zip Code: FL
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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). Thereby 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) FLORIDA FEE FOR SERVICE, INC. NO-1-U-NO, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 615 A1, SUITE 102	11b. City, State & Zip Code PONTE VEDRA BEACH FL	11c. Registration Document Number K44400 P970000 95506
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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 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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)