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

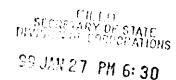
Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A95000000737

INSURANCE ADVISORY SERVICES, LTD.

99-AR



		0,		
Aailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record
P.O. BOX 757 PONTE VEDRA BEACH FL 32004	615 A1A. SUITE 102 PONTE VEDRA BEACH FL 32082		05/10/1995 3a. Date of Last Report	\$0.00
			12/04/1997	5b. Aniquet of Capital
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	Contributions in Ft ORHIA to date
Suite, Apt. #, etc City & Stale	Suite, Apt #, etc. City & State		6. FET Number NOT APPLICABLE	Applied For Not Applicable
Zip Country		Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
		,	B. Make check payable to Dept. of	Stato (Sec reverse side for fee informatio
9 Name and Address of 0	Current Registered Agent		10. If changed, new Registerer	J Agent/Office

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
NO-1-U-NO, INC. 615 A1A, SUITE 102 PONTE VEDRA BEACH FL 32082	Name Street Address (PO Box Number it NIA (p) (10) (10) (10) (10) (10) (10) (10) (10
	City FL Zip Code
40-5-40-5-40-5-40-5-40-5-40-5-40-5-40-5	

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 a cept the appointment of registered agent. I am familiar with, and accept the obligations of section 620-192, Florida Stalules

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) 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b.

City State & Zip Code

Registration: 11c. Document Number

PLORIDA FEE FOR SERVICE: INC

NO-1-4-NO EX

615 A1, SUITE 102

PONTE VEDRA BEACH FL

P970000 95506

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 Trelease the Owsion 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. Forther 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

SIGNATURE .

WAINE BANGE for

DATE 19:17:70 Daytime Telephone Number 904 273 5774