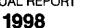
FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



4B FINANCIAL SERVICES, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # **A9500002047**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN - 5 PM 3: 17



Mailing Address 1601 MCCLOSKEY BOULEVARD	Principal Office Address 1601 MCCLOSKEY BOULEVARD TAMPA FL 33605		3. Date Formed or Registered 12/27/1995	5a. Capital Contributions as Shown on record.											
TAMPA FL 33605			3a. Date of Last Report												
			04/02/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:											
2. Malling Address	2a. Principal Office Address		FL												
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3355516	Applied For											
City & State	City & State		7. Certificate of Status Desired	Not Applicable											
Zip Country	Zip Country		F • Carpincate or Status Desired	\$8.75 Additional Fee Required											
	8. Make check payable to: Dept. of State (See reverse side for fee														
9. Name and Address of Current Registered Agent			10, If changed, new Registered Agent/Office												
		Name													
PERTNOY, SIDNEY M ESQ. NATIONSBANK TOWER AT INTERNATIONAL PLACE 100 S.E. 2ND STREET, 21ST FLOOR MIAMI FL 33131		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 400002405924—4													
								1817441 1 E 00101		City -01/21/98 -01/79 Pode 003					
								10a. Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)	registored agent, or both, in the State of Flor on section 620.192, Florida Statutes.	d limited partnership or rida. Such change was i	ganized or registered under the laws of it authorized by its general partner(s). I here DATE	by accept the appointment of registered			
A GENERAL PARTNER THAT	IS A CORPORATION, L F BE REGISTERED AN	D ACTIVE W	TNERSHIP OR OTHE												
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	l Partner ix Numbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number											
BARKETT, HARRY J	1601 MCCLOSKEY BLVD.		MPA FL 33605	1 OR											
BARKETT, ANTHONY J	1601 MCCLOSKEY BLVD.		MPA FL 33605	1-16											
BARKETT, RICHARD A	1601 MCCLOSKEY BLVD.		MPA FL 33605	1/4											
BARKETT, KENNETH D	1601 MCCLOSKEY BLVD.		MPA FL 33605												
Note: General partners MAY NOT	be changed on this form	ı; an amendm	ent must be filed to cha	nge a general partner.											
A A Committee of the Co	reference to a selection of the following selection is	19 4		• · · · · · · · · · · · · · · · · · · ·											

ereby 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 orations 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 innual report is true and accurate and that my signature shall have the same legal effects as if made under path. I further certify that I am a General Partner of the limited partnership, receiver or trustee vered to execute this report as required by chapter 620, Florida Statutes.

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Typed or Printed Name of General Partner Signing Form