

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 22 PM 3: 16

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	1a. DOCUMENT # A96000000873
FEARS SEMINOLE LIMITED PARTNERSHIP	



Mailing Address 1106 S. KIRKWOOD ROAD ST. LOUIS MO 63122	Principal Office Address 1106 S. KIRKWOOD ROAD ST. LOUIS MO 63122
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 05/08/1996	5a. Capital Contributions as Shown on record. \$99.00
3a. Date of Last Report 04/28/1997	5b. Amount of Capital Contributions in FLORIDA to date: ---
4. State or Country of Formation FL	
6. FEI Number APPLIED FOR 43-1765643 <input type="checkbox"/> Applied For <input 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
CAPOTE, BEATRIZ M ESQ. BEATRIZ M. CAPOTE, P.A. 1101 BRICKELL AVENUE, 17TH FLOOR MIAMI FL 33131

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc. 300002302313-5
City -09/24/97--01069--008 ****156.25 FL ****156.25

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
TUMMINELLO, ANTHONY G	1106 S. KIRKWOOD ROAD	KIRKWOOD MO 63122	

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 *Anthony G. Tumminello* _____ DATE _____

Typed or Printed Name of General Partner Signing Form **Anthony G. Tumminello** Daytime Telephone Number **(314) 821-3399**

CR2E003 (6/97)