

**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
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FILED

99 MAR -1 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership VRANA LTD.	1a. DOCUMENT # A96000000918
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Mailing Address 1180 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33062	Principal Office Address 1180 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33062	3. Date Formed or Registered 05/15/1996	5a. Capital Contributions as Shown on record. \$5,000,000.00
		3a. Date of Last Report 10/31/1997	5b. Amount of Capital Contributions in FLORIDA to date.
		4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 65-0683560	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc. City & State Zip Country	Suite, Apt. #, etc. City & State Zip Country	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 LOVING, JACK R 1323 SOUTHEAST THIRD AVENUE FORT LAUDERDALE FL 33316	10. If changed, new Registered Agent/Office
	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. 200002799902-6 City 03/03/93 -01083-013 ***526.25 FL ***526.25

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) VRANA ETC., INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1180 NORTH FEDERAL HI	11b. City, State & Zip Code POMPANO BEACH FL 3306	11c. Registration/Document Number P98000037223
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3-9-99

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 Joan Massingill, President Vrana ETC DATE Oct 5, 1998
 Typed or Printed Name of General Partner Signing Form JOAN MASSINGILL Daytime Telephone Number 954-782-2687

CR2E003 (8/98)