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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS
98 JAN 26 AM 11: 28

1. Name of Limited Partnership 1a. DOCUMENT# A9700000025		0025			
HELLER BRÖS. PARTNERSHIF	P, L1D.		001/28		
Mailing Address KG KGR 775246* WHITE FRANCE SHIP (SAF)	Principal Office Address 288 Ninth Str Winter Garden		3. Date Formed or Registered 01/02/1997 3a. Date of Last Report	5a. Capital Contributions as Shown on record.	
2. Malling Address P.O. Box 2146	28. Principal Office Address	s	4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date: \$990.00	
Suite, Apt. #, etc. City & State Winter Park FL 32790	Suite, Apt. #, etc. Oily & State		6. FEI Number 59 – 3422246	Applied For Not Applicable	
Zip Country	Zip	Country	7. Certificate of Status Desired 8. Make check payable to: Dept. of	\$8.75 Additional Fee Required State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		1	10. If changed, new Registered Agent/Office		
HELLER BROS. PACKING CORP. 288 NINTH STREET WINTER GARDEN FL 34777-0249		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.			
10a. Pursuant to the provisions of sections 620.1051 ar for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation	registered agent, or both, in the State of				

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. Address of Each General Partner

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. Cily, State & Zip Code	11c. Registration/ Document Number
HELLER BROS. PACKING CORP.	288 NINTH STREET	WINTER GARDEN FL 3477	583579
		2000024 -01/29/3 ****141	165928 9801109016 125 ****141,25
		70000127	1920 ************************************

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

No 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. Frelease 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 eath. 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.

//h/h
SIGNATURE
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Fixed as District News of Control Control Cincina Form

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