

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
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 SEP 18 PM 2:57

1. Name of Limited Partnership	1a. DOCUMENT # A97000001054
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TOTAL CONVENTION SERVICES, LTD.

2. Mailing Address	2a. Principal Office Address
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C/O DOUGLAS ENTERPRISES INTERNATIONAL, L.L. 86 N. 5TH STREET LAKE CITY FL 32055	C/O DOUGLAS ENTERPRISES INTERNATIONAL, L.L. 86 N. 5TH STREET LAKE CITY FL 32055
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3. Date Formed or Registered	5a. Capital Contributions as Shown on record
05/12/1997	\$20,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
N/A	20,000.00
4. State or Country of Formation	6. FEI Number
FL	59-3452426
7. Certificate of Status Desired	8. Make check payable to: Dept. of State (See reverse side for fee information)
<input type="checkbox"/> \$8.75 Additional Fee Required	

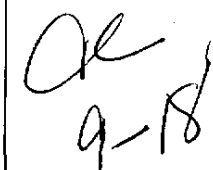
2. Mailing Address	2a. Principal Office Address
86 N 5TH Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite #2	
City & State	City & State
Lake City FL	
Zip Country	Zip Country
32055 USA	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
COLEMAN, C. RANDOLPH 9250 BAYMEADOWS ROAD, SUITE 230 JACKSONVILLE FL 32258	Name
	Street Address (P.O. Box Number is not acceptable)
	Suite, Apt. #, etc.
	City
	1000012298836 09/22/97-01123-002 ****243.75 ****243.75 FL Zip Code

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
DOUGLAS ENTERPRISES INTERNAT	86 N. 5TH STREET	LAKE CITY FL 32055	L97000000178
			

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	DATE
	9/10/97
Typed or Printed Name of General Partner Signing Form	Daytime Telephone Number
Diana S. Douglas	(904) 752-6244

CFR2E003 (6/97)