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**

1. Name of Limited Partnership

DOCUMENT # A97000001099

FILEO SECRETARY OF **ST**ATE DIVISION OF CORPORATIONS

98 SEP 17 PM 2: 02

HORNER FAMILY LIMITED	PARTNERSHIP			
Malling Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.
40 CHIADA CIDECT	18 SIMARA STREET		05/16/1997	
18 SIMARA STREET STUART FL 34996	STUART FL 34996		3a. Date of Last Report	\$3,000,000.00
	••••		09/19/1997	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date:
Suite, Apt. #, etc.	Sulte, Apt. #, etc.	Suite, Apt. #, etc.		Applied For
City & State	City & State		65-0764231	Not Applicable
			7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip	Country	8. Make check payable to: Dept. of	Fee Required State (See reverse side for fee information)
9. Name and Address of	Current Registered Agent		10. If changed, new Registere	d Agent/Office
HORNER, L. DAVID III 18 SIMARA STREET STUART FL 34996 10a. Pursuant to the provisions of sections 620 1051 and 620.192, Florida Statutes, the above-nar		Street Address (P.O. Box Number Is Not Acceptable) Sulte, Apt. #, etc. City Lip Code d limited partnership organized or registered under the laws of the State of Florida, submits this statement lide. Such change was authorized by its general partner(s). I hereby accept the appointment of registered		
agent. I am familiar with, and accept the ob-	igations of section 620.192, Florida Statutes.		DATE	
A GENERAL PARTNER TI	HAT IS A CORPORATION, MUST BE REGISTERED AN	LIMITED PAI	RTNERSHIP OR OTHE VITH THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office E		City, State & Zip Code	11c. Registration/ Document Number
HORNER-VISTA, INC.	18 SIMARA STREET		STUART FL 34996 1 0 0 0 0 2 -09/27 *****\$	J35082 15466010 278801082023 126.25 ****526.25
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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.

SIGNAT	IIDE
SIGNAT	UKE

Typed or Printed Name of General Partner Signing Form



9-15-98