

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
99 MAR 10 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>1. Name of Limited Partnership</b>  GLOUCESTER GLOBAL SEAFOOD, LTD.	<b>1a. DOCUMENT #</b> <b>A97000001610</b>
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<b>Mailing Address</b> P.O. BOX 5220 NICEVILLE FL 32578-5220	<b>Principal Office Address</b> 4540 HIGHWAY 20 EAST NICEVILLE FL 32578	<b>3. Date Formed or Registered</b> 07/23/1997	<b>5a. Capital Contributions as Shown on record</b> \$28,500.00
<b>2. Mailing Address</b>		<b>5b. Amount of Capital Contributions in FLORIDA to date</b> \$28,500.00	
<b>2a. Principal Office Address</b>		<b>3a. Date of Last Report</b> 12/31/1997	
<b>Suite, Apt. #, etc.</b>		<b>4. State or Country of Formation</b> FL	
<b>City &amp; State</b>		<b>6. FEI Number</b> 59-3463193	
<b>Zip</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>Country</b>		<b>7. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
<b>8. Make check payable to Dept. of State (See reverse side for fee information)</b>			

<b>9. Name and Address of Current Registered Agent</b>  ZIVAN, JEROME A 4540 HIGHWAY 20 EAST NICEVILLE FL 32578	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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**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
AMERICAN ACCESS INTERNATIONA	4540 HIGHWAY 20 EAST	NICEVILLE FL 32578	P96000038252
900002810859--6 -03/18/94--01072--007 ****297.00 ****297.00 SC 3-16-99			

**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 Helene R Harris DATE 12/15/98  
 Typed or Printed Name of General Partner Signing Form HELENE R HARRIS, VICE PRES Daytime Telephone Number 850-897-6430 X11

CR2E003 (8/98)