

**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

FILED

69 JAN -7 PM 4:30

1. Name of Limited Partnership
Medcyl Services, Ltd.

1a. DOCUMENT #
A98000000422

Mailing Address
**320 GULFBROOK CIRCLE #200
LONGWOOD, FL 32719**

Principal Office Address

3. Date Filed for Report
2-13-98

5a. Class of Corporation or
Sole Proprietorship

3a. Day of Report

5b. Amount of Capital
Contributed in FLORIDA
to date

2. Mailing Address
**POB 917452
Longwood, FL
32791 USA**

2a. Principal Office Address
**4236 N. Orange Blossom Tr.
Orlando, FL
32804 USA**

4. State or County of Formation
FLA

6. FID Number
59-3493391

Applied For
 Not Applicable

7. Current State of Florida
 **\$8.75 Annual
Fee Required**

8. Must check appropriate Dept of State (see instructions) for filing of report

9. Name and Address of Current Registered Agent

Ronald G. Hock, Esq

Name

Street Address (P.O. Box Number, if applicable)
37 N. Orange Ave, Suite 500

Subj. Apt. #, etc.
Orlando

City

FL | Zip Code
32801-2425

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partner (or general partner) on behalf 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 will be authorized by its general partner(s) (or by a majority of the authorized registered agent) 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)
Aeolus, Inc

11a. Address of Each General Partner
(Do NOT Use Post Office Box Number)
**5 Pelican Pl.
Belleair, FL**

11b. City, State & Zip Code

11c. Registered
Discipline of Partner

~~24900001151~~
997-09906

*****305.40 *****305.40

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

12. I, as directly entity, that the information supplied with this filing is voluntarily furnished and does not qualify for the exempt provision of Section 11B(07)(3)(g), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(g) in the event that the information supplied is deemed exempt from public access. I further certify that the information contained on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. Further, I certify that I am a General Partner of the limited partnership, partner or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE **Robert M. Stribise, Jr.**

DATE **18 Dec 1998**

Typed or Printed Name of General Partner Signing Form

ROBERT M. STRIBISE, JR.

Daytime Telephone Number

813-855-5736

CP2ED03 (6/98)