

**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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 13 PM 2:58

1. Name of Limited Partnership Glädés Butts Associates, Ltd.	1a. DOCUMENT # A98000002418
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Mailing Address 7777 Glades Road Suite 310 Boca Raton, Florida 33434	Principal Office Address 7777 Glades Road Suite 310 Boca Raton, Florida 33434	3. Date Formed or Registered 10/21/98	5a. Capital Contributions as Shown on record. \$ 7,500.00
2. Mailing Address		3a. Date of Last Report	
2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.		5b. Amount of Capital Contributions in FLORIDA to date. \$100.00	
City & State		6. FEI Number 65-0871078	
Zip Country		7. Certificate of Status Desired	
Zip Country		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent

BETTER BUTTS, INC.
7777 Glades Road
Suite 310
Boca Raton, Florida 33434

10. If changed, new Registered Agent/Office

Name _____
 Street Address (P.O. Box Number Is Not Acceptable) _____
 Suite, Apt. #, etc. _____
 City _____ Zip Code **FL**

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
Better Butts, Inc.	7777 Glades Road Suite 310	Boca Raton, FL 33434	798000089873 200002741882--8 -01/14/99--01077-025 ***150.00 ***150.00

CR2E03 (8/99)

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  DATE 12/10/98

Typed or Printed Name of General Partner Signing Form Robert J. Schmier, President Daytime Telephone Number 561-483-8400