


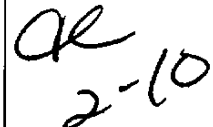
**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership WILLIAM R. AND THELMA L. CLONTS FAMILY LIMITED P ARTNERSHIP		1a. DOCUMENT # A94000001880	
Mailing Address C/O WILLIAM R. CLONTS 146 HILLCREST AVENUE OVIEDO FL 32765		Principal Office Address C/O WILLIAM R. CLONTS 146 HILLCREST AVENUE OVIEDO FL 32765	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Formed or Registered 12/30/1994	
		3a. Date of Last Report 01/02/1996	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record. \$2,216,270.00	
		5b. Amount of Capital Contributions in FLORIDA to date:	
		6. FEI Number 59-3291461	
		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired	
		<input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

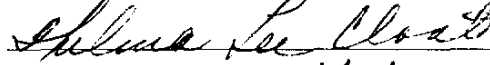
97 FEB -6 PM 4:17



9. Name and Address of Current Registered Agent SPEER, THOMAS A 113 MAGNOLIA AVENUE SANFORD FL 32771		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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) CLONTS, WILLIAM R CLONTS, THELMA LEE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 146 HILLCREST AVE. 146 HILLCREST AVE.	11b. City, State & Zip Code OVIEDO FL 32765 OVIEDO FL 32765	11c. Registration/Document Number  700002085347--2 -02/12/97--01080--016 ****576.25 ****576.25

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 **1-28-97**
 Typed or Printed Name of General Partner Signing Form **Thelma Lee Clonts** Daytime Telephone Number **407-365-3449**

CR2E003 (6/96)