


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership		1a. DOCUMENT # B94000000174	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC -1 AM 11:07



MOSLEY FAMILY LIMITED PARTNERSHIP

Mailing Address P.O. BOX 220 SHERIDAN AR 72150		Principal Office Address 710 EAST CENTER SHERIDAN AR 72150		3. Date Formed or Registered 05/13/1994	5a. Capital Contributions as Shown on record. \$100,000.00
2. Mailing Address 1654 GRANT 7 Suite, Apt. #, etc.		2a. Principal Office Address 1654 GRANT 7 Suite, Apt. #, etc.		3a. Date of Last Report 11/07/1996	
City & State SHERIDAN AR		City & State SHERIDAN AR		4. State or Country of Formation AR	5b. Amount of Capital Contributions in FLORIDA to date:
Zip 72150		Zip 72150		6. FEI Number 71-0747779	
				7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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) MOSLEY, JERRY L MOSLEY, MARGARET H	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 710 EAST CENTER 710 EAST CENTER	11b. City, State & Zip Code SHERIDAN AR 72150 SHERIDAN AR 72150	11c. Registration/Document Number 900002364629--3 -12/05/97--01104--008 *****541.25 *****541.25
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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.

SIGNATURE

Margaret H. Mosley

DATE 11-14-97

Typed or Printed Name of General Partner signing Form

MARGARET H. MOSLEY

Daytime Telephone Number (870) 942-7292

CR2E003 (6/97)