



**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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JAN -5 AM 10:55 
1. Name of Limited Partnership 1725 MKL LIMITED PARTNERSHIP		1a. DOCUMENT # A97000001731			
Mailing Address 5609 N. ARMENIA AVE TAMPA FL 33603		Principal Office Address 5609 N. ARMENIA AVE TAMPA FL 33603		3. Date Formed or Registered 07/30/1997	5a. Capital Contributions as Shown on record \$2,000.00
2. Mailing Address 1725 W. Dr. Martin Luther King Jr., Blvd. Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
City & State Tampa, FL		City & State		4. State or Country of Formation FL	6. FET Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33607		Country Hillsborough		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)

9. Name and Address of Current Registered Agent FINANCIAL ANALYSIS AND REPORTS, INC. % BRAD A GALLO 5609 N ARMENIA AVE TAMPA FL 33603		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 1725 W. Dr. M.L. King Jr. Blvd. Suite, Apt. #, etc. Tampa City FL Zip Code 33607	
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) FINANCIAL ANALYSIS AND REPOR	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5609 N. ARMENIA AVE	11b. City, State & Zip Code TAMPA FL 33603	11c. Registration/Document Number S45452
200002405412--2 -01/20/98--01128--002 ****156.25 ****156.25			

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 Brad A. Gallo, Pres **FINANCIAL ANALYSIS & REPORTS, INC.**
GENERAL PARTNER
 TYPED OR PRINTED NAME OF GENERAL PARTNER SIGNING FORM **FINANCIAL ANALYSIS & REPORTS, INC.**
GENERAL PARTNER
 DATE 12/31/97
 Daytime Telephone Number 813-870-0811

CR2E003 (6/97)